

Lunch of Compassion
All Saints Pasadena Church
October 23, 2016
Archdeacon Joanne Leslie

I have a clear memory of the afternoon that I accepted my call to the diaconate. It was spring 1999 and I was in a family style hotel on the outskirts of Nairobi. Along with colleagues from the Pacific Institute for Women's Health, I was in Kenya to work on a project to improve the health of adolescent girls. The day's meetings were over, however. So I lay on a small, single bed in the late afternoon sunlight reading a book given to me by a friend and former student. The book was *The Diaconate: A Full and Equal Order* by James Barnett.

No, I'm not going to claim that God spoke to me that afternoon. But I **was** graced with a memorable moment of clarity. At one point Barnett offers this short definition of diaconal ministry; deacons, he says, embody "the first principle of Christ's ministry, *called to serve*". I read that sentence. I felt it echo in my heart. At that instant I knew, with absolute conviction, that I was called to be a deacon.

But note; it was not my desire, then or now, to give up working in public health. It's actually part of why I came to understand that the diaconate would fit me better than the priesthood. That afternoon in Kenya, without knowing how it would happen, I took it on faith that I could and would find a way to bring my public health work and diaconal ministry together.

So how did a busy international health consultant and mother of three children get to the point of exploring a call to the diaconate? And how has it worked to combine my public health work with my faith life? That's the story I want to tell you this afternoon.

Because time is limited I actually can only share highlights. But this talk is partly based on a chapter I wrote for a forthcoming book edited by Luisa Del Giudice, an ethnographer and fellow Episcopalian. So if you're curious to learn more or to read similar stories, watch for *On Second Thought: Learned Women Reflect on Profession, Community and Purpose*, to be published next year.

To tell you the truth, I was in my late forties before I even knew there was such a thing as an Episcopal Deacon – yes, it is one of the best-kept secrets in the church. In my case this was partly because I had drifted away from the Episcopal Church (or any church for that matter) during most of my early adult years. I was one of those Easter and Christmas Episcopalians, and if I did see a deacon in the line of vested clergy I probably didn't recognize them. But even much more involved and well-informed Episcopalians in those years would have been hard pressed to meet an ordained deacon or to find much information about this ancient ministry.

Towards the end of the talk, I'll explain a little more about what deacons do and perhaps plant a seed in your own minds and hearts. While I won't to cover the details of discernment and formation, as Gerry said, there will be lots of time for questions at the end.

As I begin, it's important to emphasize that there's no typical path to becoming a deacon. Each is different. This one was mine.

My journey to the diaconate started in Brazil and with my experience of being what I call a "double immigrant". My first claim to immigrant status is that when I was a preschooler my family emigrated from Montreal, Canada to Elizabeth, New Jersey. I **can** make a convincing case for there being significant cultural differences between Canada and the US. I assure you that I guard my dual citizenship jealously, never more so than in **this** election season.

But my most powerful immigrant experience came ten years later when my family moved to Brazil. I was 12 years old when a college friend of my father's and his dark-haired, dark-eyed, Brazilian wife visited us in California. The friend had come to invite my father to teach in a recently established Chemical Engineering graduate program in Rio de Janeiro. I remember the grownups sitting around the fireplace in our living room talking late into the evening. For whatever reason, I wasn't sent to bed.

So I listened with growing excitement as it dawned on me that my parents were actually serious. The idea that my suburban family might pack up and move to Brazil sounded unbelievably wonderful to me. I was afraid I would wake up the next morning and discover it had been a dream. But six months later, just days after my 13th birthday, my mother, sister, brother and I boarded a ship in New Orleans to sail to Rio de Janeiro to join my father.

Brazil introduced me to an exotic new world, so different from the familiar rhythms and attitudes of either Canada or the US. I was shocked by frequent encounters with raw poverty and unsanitary living. However, along with being distressed by crippled children on the streets and frightened by giant cockroaches in the kitchen, I was also intoxicated by the vitality and looseness of life on the streets and beaches of Rio. Maybe because I quickly became more fluent in Portuguese than my parents, at age 13, I was allowed a remarkable amount of freedom. I rode jam-packed streetcars and buses all over Rio to meet my friends or do errands for my mother.

Looking back I can identify two main things from my years in Brazil that led to my becoming a deacon. First, as an impressionable teenager I felt enormous guilt and responsibility, coming face-to-face daily with the gross inequities of the world. This aspect of my Brazil experience was also what led to my career in international health.

The second lasting effect of spending three years in Brazil was that since then I've never really felt **completely** at home living anywhere. It is often when I'm in an unfamiliar setting, talking with people very different from myself, finding my most basic assumptions challenged that I actually feel most fully myself. This restless impulse I've had my whole adult to keep moving outside my comfort zone primed me, I think, to recognize a call to the diaconate years later.

After graduating from college in 1966 and twice **almost** joining the Peace Corps, I spent the rest of my twenties roaming, some of the time hitchhiking and picking crops in Europe. (I'll leave to your imaginations the stories I'm skipping over from my hippie days.) In my late twenties I got married, had two little boys within the first two years and soon found myself settled down as a stay-at-home mom in Princeton New Jersey. Much as I loved Julian and Eliot, I quickly realized this wasn't going to be enough. So with the full support of my ex-husband I started exploring graduate school.

Brazil was still vivid in my memory; I knew I wanted a career that would somehow contribute to alleviating world poverty. However, it was when I read a book called *The Nutrition Factor*, that I found a focus for my graduate studies. Berg's *The Nutrition Factor* provided a connection for me between my personal desire to give my own children the best possible nutritional start, and my goal to improve the lives of families in low-income countries.

Berg's data showing that malnutrition and declining rates of breastfeeding were major contributors to high rates of child mortality spoke to the mother in me. However, it was his then groundbreaking argument that child malnutrition has a negative effect on economic development that really captured my imagination. By the time I finished reading *The Nutrition Factor* during the quiet afternoons while Julian and Eliot were napping, I had decided to study public health.

That led to my getting a doctorate in international health from John's Hopkins, with my doctoral research done back in my beloved Brazil. Even before I had finished graduate school, I started doing international health consulting, mostly in West Africa. Those first opportunities came

substantially on the strength of my being able to speak French, which I had also learned in Brazil. Over the next 25 years I worked on maternal and child health and nutrition research and intervention projects in many African countries with a special focus on Cameroon and Burkina Faso.

Partly for family reasons, both my mother-in-law and my mother were getting older and my mother was having serious health problems, in 1988 my former husband and I moved with our then three children, to California. He was hired as a Professor of Education at UCLA, where I eventually joined the adjunct faculty in Public Health. We both remained active in international work, but I also finally began getting involved in efforts to address nutrition and health problems right in my own back yard.

After moving to California, I also finally came out of the closet as a person of faith. I was surprised to discover what a deep desire I had to be part of a church community. Perhaps this had something to do with growing older, wondering about the meaning of life and facing the prospect of my mother's death. However, what I was most conscious of was not so much seeking answers to existential questions as seeking a spiritual welcome that felt authentic, and a justice-focused community I could believe in.

After visiting, but not feeling entirely comfortable in several affluent Westside Episcopal churches, one of my UCLA students, Katie, who is now a close friend and fellow deacon, brought me to Holy Faith Church in Inglewood. When I started at Holy Faith in 1991, it was a vibrant, multicultural, socially progressive congregation with, among other groups, parishioners from Nigeria. A key attraction for me was that the Nigerians looked, dressed and talked so much like my friends and colleagues in francophone West Africa. The priest was intellectual and personable. The congregation clearly enjoyed gathering around the table, both at the altar and at coffee hour. Holy Faith was a mix of familiar elements and other things, both at church and in Inglewood, that were profoundly outside my comfort zone. Despite, or perhaps because of this strange mix of the familiar and unfamiliar, when I walked into Holy Faith that first Sunday, I knew I had come home.

(Diakoneo's February 2017 issue printed up to this point.)

As I mentioned, at first after we moved to California I continued working on international health consultancies in Africa. This is significant because my African public health colleagues were an important part of my inspiration to become a deacon. Whether Christian or Muslim, the midwives, nurses and doctors with whom I worked in Africa seemed to me to lead lives in which there were no barriers between their religious beliefs and their work in health. I remember one particularly vivid experience in Togo, which I describe more in the book, that was a key turning point for me.

A nutrition survey team I was leading went to a remote Togolese village. After completing our interviews, we were asked if we could help a woman in obstructed labor. The only viable option was to evacuate her to the nearest hospital, which wasn't near at all. Saving this woman's life was a dramatically close call, including a harrowing nighttime drive in a torrential rainstorm. Through it all, my African colleagues expressed deep certainty that God had brought us to the village for this purpose and that God would bring us safely to the hospital. While this is not quite my theology, I did long to share their sense of an integrated faith and professional life.

Soon after, my friend and former student Katie, en route to getting her own doctorate in public health, was ordained at Holy Faith into the Sacred Order of Deacons. As I supported Katie's process, I learned more about this "best kept secret in the church." I was intrigued, but for quite awhile, ordination seemed too radical a step.

Over several years I wrestled with what I have since learned are common objections of a person discerning a call to ministry: I wasn't qualified (either morally or educationally); my friends and family would be shocked; how could I presume to lead others closer to God when I was plagued by

doubts myself? And besides, as I said, I wasn't looking for a new career. I didn't want to leave public health.

It was Katie who gave me Barnett's *The Diaconate: A Full and Equal Order*, the book I was reading on that fateful afternoon in Nairobi. Maybe I still felt unsure about my call to ordination as I set off on the trip but I notice that Katie's inscription, dated almost a year earlier, June 1998, reads "to the newest deacon-to-be, to help you in your discernment." I guess Katie trusted the outcome before I did.

Similar to my experience years earlier with graduate school, once I decided that I was going to pursue ordination as a deacon, the rest happened pretty quickly. In June 2002, I was ordained into the Sacred Order of Deacons at Holy Faith by Bishop Chester Talton.

When a deacon is ordained, the Bishop gives two important instructions. First: "In the name of Jesus Christ, you are to serve all people, particularly the poor, the weak, the sick and the lonely." Then: "You are to interpret to the Church the needs, concerns and hopes of the world." Deacons are to take the church out into the hurting world and to bring news of the world's needs into the church. This means we constantly walk with one foot inside the church and one foot outside. I assure you, this is not a comfortable way of walking.

In the decade and a half since my ordination I've attempted to keep my feet in several worlds at the same time. Like all deacons I've tried to serve as a bridge between God's people gathered within the church to worship and God's people outside the church trying to survive. At the same time, my particular call has been to bridge between the worlds of public health and faith, which often feels like translating from one language to another.

Along the way, though, I've also encountered many unexpected opportunities to bring my public health and my faith lives together. Perhaps during the discussion time I'll be able to tell you about a few others, like a foot washing service at for people living on the streets that a team of nurses and I organized at St. John's Cathedral.

But what I most want to tell you about this afternoon is a faith/health collaboration that involved the non-profit to which you are generously contributing this afternoon: Community Health Councils. CHC was established in 1992; I've proudly served on their board for the last ten years. CHC's mission is to promote social justice and equity to improve the health status and health environment of underserved populations. One thing that initially attracted me to CHC is that they are deeply rooted in community, particularly the South LA community.

I recently read: "A great nonprofit doesn't fix problems, it reveals the power of a community to solve them." While this wasn't written about Community Health Councils, it does reflect their approach. The current CHC Executive Director, Veronica Flores, is here. She has brought material about CHC's work and she's available to chat with you after the talk.

The specific collaboration I want to talk about, however, goes back to the time of Lark Galloway Gilliam, the founding and long-time director of CHC, who died two years ago. Lark and I first met around 2002, soon after I came back to LA from seminary. At the request of a parishioner, I offered Holy Faith Church as a space where a community group that was trying to save the fitness center at the local Daniel Freeman Hospital could hold its meetings. Although CHC is a secular non-profit, Lark, herself the daughter of a Methodist pastor, recognized the faith community as a potential ally. When, a few years after we met, she invited me to join CHC's board I think it was as much for my church as for my public health connections.

So fast-forward to 2013. As you will recall, this was the year the Affordable Care Act (popularly known as Obamacare) was finally launched. Community Health Councils was awarded one

of the 45 state grants to do education and outreach about Covered California, the name of our state marketplace for Obamacare. CHC faced many challenges in this project, and not just the ones nonprofits usually face of needing to achieve heroic results in a short amount of time with an inadequate budget. CHC also needed to reach beyond its existing relationships with the poorest and most disenfranchised communities of LA. Lark knew that the people most likely to benefit from the health insurance options and subsidies offered through Covered California were not the poorest of the poor, but rather working class people; young adults, the self employed, the marginally employed, and even some not so poor whose pre-existing conditions locked them out of existing health insurance markets.

To reach the broad range of uninsured people who stood to benefit from Covered California CHC needed to add new partners with broad networks and trusted relationships. Lark asked me if the Episcopal Diocese of Los Angeles could accept a sub-contract from CHC to be one such partner. Our main task would to provide educational forums about Covered California at our churches, schools and other diocesan institutions.

It was one of those magic moments when you find yourself in the right place at the right time. Without my already having deep, well established roots in both the church and the public health communities, this collaboration couldn't have happened, at least not quickly enough for the launch of Covered California. My colleagues Shelley Weitzel and Mary Gleason, who are here today, and I spent almost two years visiting Episcopal congregations all over LA County and beyond, providing much needed accurate information about the health insurance options available under Covered California. We didn't enroll people but we could show them how to enroll online or connect them with enrollment assistants.

Maybe you saw a story in last Sunday's LA Times profiling California as one of the Obamacare success stories. "The state has recorded some of the nation's most dramatic gains in health coverage since 2013 while building a competitive insurance marketplace that offers consumers enhanced protections from high medical bills." This success of Covered California makes me so happy for all the people finally enjoying the security of health insurance. And I am proud that the Episcopal Diocese of LA working with CHC contributed to this success story. The hope I had in Kenya of finding some way to bring my public health life together with my diaconal ministry did come true.

So before I wrap up, let me say a few words more generally about what deacons do. The easiest part of diaconal ministry to describe is what you see on Sunday morning. The liturgical roles of deacons are, for the most part, clearly established in the Book of Common Prayer. When a deacon is present, he or she should be the one to read the Gospel, bid the Confession, set the altar for the Eucharist, clean the altar after the Eucharist and do the dismissal at the end of the service. And I hope someone will ask why I think the dismissal is the most important thing the deacon does.

But the heart of a deacon's work is NOT what we do Sunday morning. It's what we do the other six days. A deacon's work in the world can take many forms. In our diocese, deacons serve in jails, in recovery programs and in after school programs. Diaconal vocations include helping homeless folks get housed, helping sick people get health care and helping refugees feel safe.

Every deacon I know is willing, even eager, to provide humble hands-on service in the most marginalized, most neglected corners of human life. But deacons cannot and should not, do this work on their own. Deacons are ordained to serve as icons or catalysts for the *diakonia of all believers*, to which we all belong.

With that in mind, for those interested in learning more about diaconal ministry, there's a wonderful opportunity coming up on November 12. Bloy House is hosting a one-day conference on The Diaconate of All Believers. Our keynote speaker will be Susanne Watson Epting, author of the

recent book, *Unexpected Consequences: the Diaconate Renewed*. The conference is most definitely not only for deacons, although I hope you will meet most of our 50 deacons there. It's for anyone curious to learn more about how the ministry of deacons was revitalized in the Episcopal Church and about some of the exciting ministries being currently led by deacons. I brought registration forms, which are on the check-in table, or you can easily download one from the Bloy House website.

As Archdeacon for the past five years, I've had three roles, what I call my ambassador, educator and pastor roles. As an ambassador, I've had the opportunity to visit churches the length and breadth of our diocese from St. Mary's Lompoc to St. George's Laguna Hills to preach and teach about diaconal ministry. During this time, I have come to understand much better than I did five years ago that being an ordained deacon is not a call for everyone. The work is hard, the pay is poor to non-existent, and we mostly work at the margins of the church as well as the margins of society.

But I can also tell you that it has been an unimaginable blessing in my life to serve as a deacon for fourteen years. And I am convinced that right here, right now at All Saints Church there are three or four people whom God is calling to join the Sacred Order of Deacons.

So listen carefully. God might be calling you.

Thank you. Joanne Leslie

Joanne Leslie is the Archdeacon in the Diocese of Los Angeles. Her talk was partly based on a chapter she wrote for *On Second Thought: Learned Women Reflect on Profession, Community and Purpose*, edited by Luisa Del Giudice, to be published in 2017.