

361 | Toward The Peaceful One | Sherri Kirkpatrick Project Zion Podcast

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Welcome to the Project Zion Podcast. This podcast explores the unique spiritual and theological gifts Community of Christ offers for today's world.

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Welcome to Project Zion Podcast. I'm your host, Karin Peter. And we're sharing the series of interviews with all the authors of the year long series of Herald magazine articles exploring the guiding question, Are we moving toward Jesus, the peaceful one? For those of you who are wondering what the Herald magazine is, it is the official Community of Christ magazine publication that comes out every two months. You can find the Herald magazine at Heraldhouse.org under the tab Our Faith. In today's episode, we are visiting with Sherri Kirkpatrick. She's the co-founder and president of HealthEd Connect. Sherri earned a PhD from the University of Kansas with a focus in international nursing and served 29 years as great, at Graceland University, the Community of Christ University in Lamoni, Iowa. She served in such varied roles as Professor, Provost, Vice President, Dean of Nursing and Vice President for Institutional Advancement. That sounds like an awesome title. We might have to ask about that. Sherri is now devoted full time to her passion to empower women and children through HealthEd Connect. And in her spare time, Sherri is also a member of the Standing High Council in Community of Christ. Now HealthEd Connect is an independent 501c3 public charity with a 15-member board of directors, and it was co-founded by Jac and Sherri Kirkpatrick in 2009. It currently operates in four countries--Zambia, Malawi, Democratic Republic of Congo, and Nepal. It's built on relationships formed by Jac when he trav, I say Jac and Sherri, as they traveled as Community of Christ when Jac was an apostle in Africa and Asia. And Sherri took students on winter terms as Dean of Nursing at Graceland University on many trips. Even though not formally affiliated with Community of Christ, the three community schools for orphans and vulnerable children that HealthEd Connect built and supports in Zambia are housed on church property. Program services are provided by people from a variety of faith backgrounds and are open to anyone in need. HealthEd Connect is a peace partner and Community of Christ Peace Pathways and has an ongoing cooperative relationship with Graceland University, and its offices are on the Graceland University Independence campus. Hi, Sherri.

Sherri Kirkpatrick 03:16

Hi, Karin. How are you this morning?

Karin Peter 03:19

I'm good. It's so wonderful to see you. Our listeners can't but I can. And it's nice to have you with us here at Project Zion Podcast today. We're going to be talking about your article in the Toward the Peaceful One series and it focuses on Doctrine and Covenants 163:4a: God the Eternal Creator weeps for the poor, displaced, mistreated and diseased of the world because of their unnecessary suffering.

That's the focus of this text. So before we talk about your article, specifically, let's just kind of start out with why you were asked to write this. Why is this scripture, this idea of the unnecessary suffering in the world--why is this important to you personally?

Sherri Kirkpatrick 04:10

Well, it drives my life Karin. That's my passion. That's my soul. And that's, that's who I am. But I need to say, first of all, I've been hugely blessed in my life. So I've never personally experienced unnecessary suffering, just the ups and downs that most of us do. But my heart aches for those who have. We had several foster children from Mexico who lived with us when we were in California. And they came from all kinds of different backgrounds, but one particularly became very close to my heart. She'd been sold as a prostitute. And so she lived that rough life. She was only 12 years old. Since those beginning experiences, I've seen people all over the world that do suffer needlessly like that. From tribal villages in India to city slums in Nairobi. But there is one rather pivotal epiphany that stands out as I reflect back that, that really drives me. Doesn't sound big to anyone else, but it changed my life. I was on a trip to the Dominican Republic to conduct interviews for my doctoral dissertation. And we were on the sugarcane bateyes near La Romana. And I knew because I had read several books about the dire conditions of the workers there who were in virtual slavery, and I don't use that term lightly. And I felt humbled to be invited into their little homes with spotless gunnysack rugs and, and just, oh, just, the floors and everything was so, so clean, and to learn from their wisdom on how they care for their babies, and what they thought were the problems they were dealing with. I had so many thoughts swirling around in my mind as we drove by the humble little shacks, and mile after mile of the sugarcane fields. So, when the little taxi finally stopped at the specific batey that I was to visit that day, I opened the car door, and stepped out. And when my feet touched the ground, I just had this overwhelming sensation that I was home, I was home. This is where I belong, and these were my people. And that that would be the driver for the rest of my life working with women like these that I was going to interview who would teach me so much. And since then, my heart's been broken many times over as I've witnessed the deprivation that others have gone through, but gee, the joy that you rejoice when you see people lifted out of these circumstances, and you see them increase in self esteem themselves, and then you see them reach out to others and, and in turn, begin to lift the communities around them. So, that's the little moment for me that no one else could have possibly known was happening. But it has driven my life. And it has been a very fulfilling life to be able to, to live out that feeling that that's home. Those are my people.

Karin Peter 07:21

So that epiphany moment that you described, when your feet touched the ground sheds some light on the beginning of your article that you wrote, Toward the Peaceful One, because you begin with a brief passage from a familiar Robert Frost poem, The Road Not Taken, to introduce us to the kafwa in Zambia. Tell us a little bit about the kafwa and their walk with this. In your story a set of twin girls, it sounds very much like your epiphany moment. So let's talk a little bit about this, about the twin girls and the kafwa in Zambia.

Sherri Kirkpatrick 08:03

I'd love to. I actually had a chance to walk down that little path to the twins' home and to meet them with the kafwa. They introduced me personally. So, all of the, the places that I describe are very real, because I remember it well. But I was especially touched by this story because it reflects a long term commitment of people helping one another. The story actually spans a 13-year period. The path the kafwa, who are the volunteer health workers that I've trained, took when they discovered a critical need was one that led them toward a personal commitment, you know, that has lasted till today. And it's not over yet. So the story goes like this when twins Sara and Mercy were three months old. Their mother tragically died and left not only these little three-month old twins, but seven older siblings with a grieving father. And when the kafwa found out about the situation, they, it wasn't close to their home, they had to walk about a half an hour to get to the family, but they walked to the home. And they talked with the father and they offered to take the infants to their home to care for them, you know, while they were so tiny. And even though he was touched and grateful, the father declined their offer. He said these are my babies and I want to keep my family together and I will do everything I can, you know, to do that. Well, think about that. A grieving father, no running water, no washing machine, I mean really, washing diapers in a pail. No refrigerator, no electricity, no supermarket nearby, and two infants to care for. Infants that I'm sure we're waking up in the middle of the night. Well, the kafwa respected his wishes and decided they could help most by making frequent trips to this little home and doing everything they possibly could. So they helped the father make formula from corn gruel. That's what their, their basic food is in, in Zambia. And they didn't have bottles, so they fed the twins with spoons, this corn gruel. And the kafwa brought little clothes to keep the babies warm and began to teach the father how to take care of them. And they described it as they, they didn't just visit the family, they adopted them. They adopted this family. And the babies somehow survived. Well, when they reached school age, the kafwa made sure that they were enrolled in the HealthEd Connect community schools that we had established to some 10 years ago now. But it was newer when the twins were ready, and got them into school and going because this might not have happened at all. There's so many children that go unschooled in Zambia, and the kafwa weren't going to let that happen with the little twins. So they got them enrolled. And they began to then progress and to grow. Life has not been easy for the family. And unfortunately, most of the older children have drifted away and not chosen good pathways. But the compassion and love that the kafwa showered on the twins has made them a story that, you know, it is one to, to have joy with it. The kafwa could have chosen an easier path. They could have made one visit and said, Well, we tried. He didn't want us to help. We're out of here. Or they could have decided to help out maybe a couple of times and try and get him started and then move on. But fortunately for Sara and Mercy, they chose the road less taken and to quote Frost, that has made all the difference, at least for these two little twins and their dad.

Karin Peter 12:00

So the kafwa, as you explain, are the the names of the health workers there. But there are different names that HealthEd Connect workers are known by in different countries. So can you tell us a little bit about these and how it illustrates the contextualization of health ministries, and the importance of local

decision making and leadership participation, which we just saw. The, the father didn't want to give up his, his babies at this early stage. And so instead of the health workers thinking they knew best and inserting, they, they all participated together in the decision that was made in helping this. So how, how important is contextualization and this, the ability of local folks to make the decisions to participate in leading,

Sherri Kirkpatrick 12:49

I think it's absolutely critical. If that doesn't happen, it becomes my program, not theirs. And anything that would come along could disrupt that. But they are personally invested in this because they've made all of the decisions, and they've made much better decisions than I would make. You know, they have, they know their communities. They know their needs. And they're wise people. These are wise people. They may not have had a lot of chance for formal education, but, but they're very, just very inspiring people who, who know what their community needs. Well, going back to their name, kafwa, this is one of the very first things that we do when I set up a training program and began working with women and a couple of men who over the years have said they want to be a volunteer health worker, one of the first things we do is talk about what does it mean to be a volunteer. This is not going to be a paid position. It will never be a paid position. This is something you need to do from your heart. Is that really something you want to do? And some do and some don't. So then we end up with the group that wants to work from their heart. Well, the next thing that we spend quite a bit of time on is saying, well, you need to choose a name for yourself. What do you want to call yourselves now that you know what the program is going to be about? And in Zambia, and this is a ChiBemba name that they've chosen. They wanted to become kafwa. But this took a lot of discussion, a little buzzing in the corner as they would talk about possibilities and someone would suggest something and someone suggests something else. But they finally decided they wanted to be known as kafwa, which literally means if you look it up on the internet or anywhere in ChiBemba, that it's a helper in times of dire need. It's a helper. Well, in the other countries where I've worked in the Democratic Republic of Congo, they chose the title wazadeze, wazadeze. And that means assistant. Again, very appropriate. In Malawi, they chose the word sentani which I think has such a nice ring to it. I love to say that word and that translates as prevention. They wanted to help people before they got into trouble. And in Nepal, they call themselves svayansēvaka, which means a volunteer. But I think this is so key, and it tells you right off how wise they are because they could have reached and said, We want a word that says we're kind of a medical assistant, or we're sort of a nurse or we're or something, you know, really important, but the names they chose were helpers and assistant and volunteers. I mean, it said exactly the role that they were going to play. And it was just right on. So I'm, I'm certainly glad I never ever attempted to name them. But I might add that their commitment to their own communities is just as varied as their names are. So in the Congo, for instance, the wazadeze very soon after we got the program going, and they all start with the same training, which is the WHO recommendations for sanitation and nutrition and immunizations and child monitoring. They all have that same basic training. But in the Democratic Republic of Congo, it wasn't long before they said, they really wanted specific training, they wanted to learn how to be traditional birth attendants, because they had seen so many women die in childbirth. And at that time, the DRC, or the

Democratic Republic of Congo, had the highest death rate in the world from maternal deaths complications, so I knew they were right on. So, we arranged with a local doctor and a little outpost hospital to provide training for them. And last year, they delivered over 2600 babies. (Oh, my goodness.) Yeah. Talk about mothers that are grateful to have somebody by them. And in Malawi, the sentani decided to concentrate on weighing and monitoring children under age five because they have a constant battle with famine in Malawi. And even currently, around 47% of the children are stunted in that country, meaning they will never reach the, the height that they were destined to be. And so last year, they monitored over 37,000 children, weighing them and working with the moms and saying oh, this baby's at risk, you know, let's, let's see what we can do about that. Well, in Zambia, the kafwa were especially concerned about the plight of the many aids orphans around them who were roaming the street and couldn't afford to go to school. And they said, they're not going to have any light, life. And so as a result to their pleadings, we ended up establishing three community schools in that area of Zambia where 10% of the population is orphans. Huge, think what it would be like in the US if 10% of the population was orphans. So we currently have over 1400 orphans and vulnerable children now enrolled in the schools that the kafwa were instrumental in getting started. And in Nepal, the, the svayansēvaka, if you follow the news, they, bless their hearts, have faced one crisis after another from the earthquake in 2015, to the floods in 2017. And now they've been hit especially hard by the pandemic most recently, but when they've been able to come up for air a little bit between helping out in the crises, they have, they have begun building latrines in areas where there's been no sanitation at all. And they're also introducing smokeless stoves in their little homes, where they, they cook right inside the home and it just fills with smoke, and they use cow dung for the fuel. And that releases methane gas when it's lit. So, I mean, a huge problem. And so they've got their finger right on the most consequential issues that they face. And those are the ones that they've decided to tackle. So you can see their names are different, but their programs also in their countries have been tremendously different because they have decided what they need,

Karin Peter 19:09

In their areas of focus. Absolutely. (Yeah.) So you mentioned the pandemic. How has the Covid-19 pandemic affected the work of the health care, of the health workers the mission that they've established for themselves?

Sherri Kirkpatrick 19:28

Well, it has affected everyone. You know, every country where we work has been shut down periodically and then opened up. We've held our breath, but for some reason, up till now, they have been able to do a much better job of preventing the Covid than we have in the US. You know, they've, they have Covid and they take it seriously. But on day one, when Zambia had their very first cases, and I think it was only three people that had flown in from France, uh the government shut down the schools. They said, Nope, we're not going to go there, we were going to contain this. And so our schools were all shut down for a while. And then the government wisely said, well, let's bring back just the seventh graders, the ones who are getting ready for their standardized exams. Just them, then we'll spread them

out. And we'll, we'll let just that one grade comeback. And when they did that successfully, then they began to bring back others. But how that's affected the kafwa is, first of all, they're the cooks for the schools. So you know, but they didn't stop. They said, well, they, the kids will be coming back. So they went and planted their little gardens. They said, we've got to have fresh greens ready for them when they do come back. But in the meantime, and the thing they immediately did was start sewing masks. They began, we just recently provided sewing machines in almost all of our sites. So they began sewing masks, and they sold them by the hundreds so that the children and their communities would have the masks. And then we sent funds so that they could buy washbasins. And for the schools especially, the buckets with the little spigot, you know, faucets, so they could wash their hands safely. And we provided a lot of soap. So they began having classes in their communities, always wearing their little masks, teaching people to stand apart, and, you know, just generally educating their communities and always trying to do it safely and role model themselves, you know, how it needed to be done. And it's, it's not easy there. Nobody can stay home. I mean, I don't care how much you say, it's going to take care of the Covid if you stay home, they can't. If they're going to eat, they must go to their gardens every day, nobody has a refrigerator or a place to stockpile food. So, they have to be out and around. But they've managed to do so successfully, to this point, always trying to safeguard and we've, we've said this again and again, you know, you have to take care of your health first. Do not take any risks, because what would the community do without you, if you were the ones that got sick? So, that's, that's what they're doing. And they are taking it very seriously.

Karin Peter 22:11

So in your article, let's talk a little bit about what it, what it means, in this context, with education, with health workers, with volunteerism, with people who take on titles of servanthood, is that, what does that say to you about how the life and ministry of Jesus is pivotal to understanding what it is to care for the diseased, impoverished, maligned of the world.

Sherri Kirkpatrick 22:49

Everything. It says everything. You know, I mentioned to you that two of the very first activities that we do is talk about what it's like to be a volunteer, number one and number two, you know, they choose their name. But one of the other very first activities, and this is the one that I think is, provides the longevity and the commitment and the foundation to the programs is I asked them to think of their favorite Bible story about Jesus. And then as they tell me their story, I listed on a flip chart, so they can all see the stories that have been named as their favorites. And when they get their stories listed, we go back and we say, Well, this is interesting. Look at this. Jesus was concerned about the hungry when he fed them with the loaves and the fishes. Oh, my! He was concerned about the woman who touched the hem of His garment that, uh, had an issue. He was concerned about the children and always wanted them to come to him and he could love them. He was concerned with it when his friends were ill and he would go to visit them. He was concerned about people that were blind. And he went to them. Oh, my goodness, this almost looks like Jesus was a health worker. What do you think? They'd say, Oh, he was! Jesus was a health worker. He was definitely a compassionate person who, who was worried about

people's spiritual health, their mental health, but also their physical health, the very things that the kafwa were devoting their lives to. So we'd like to say that he was a health worker. But I have to add that we have a little bit different challenge in Nepal. In Africa, all of our health workers are Christian or come from a Christian environment. In Nepal, about half of our health workers are Hindu. And they are aware that their colleagues are Christian, but they don't follow that way of thinking. And so we're very sensitive to that. And we, we mention and we talk about the fact that this is the example that Christians would follow, but that Hindus would follow the example that their deities have set for them, and that, that is their guiding North Star, you know, and what they do. And so we can coexist in, you know, a collegial way by talking about Jesus, but also talking about the Hindu deities as well.

Karin Peter 25:19

Another example of the conceptualization and overall wholeness of the program. Although I am kind of liking the image of Jesus the kafwa. I think that, that brings up a whole new perspective. I want to go back just a minute to a contrast that you gave us when you talked about the kafwa with the twins, that they adopted this pair of babies, and it was very different than simply visiting. That's a contrast of what it is to visit. What it is to adopt, not just for the kafwa, but when we talk about our own commitment to abolishing poverty and ending needless suffering. And so you, you flesh that out a little bit in the article, when you talk about how these programs are wraparound programs. These are not one visit, give some aid, throw some money at a problem and walk away. You're talking about this, this way of continually adding components to the work of HealthEd Connect when new situations arise, or new opportunities arise. Can you talk a little bit about that? Because it seems the words that, that you use, it's the difference between surviving and thriving, this visiting or adopting.

Sherri Kirkpatrick 26:49

This has been a long, very invigorating discussion with our board of directors because they feel passionate about the wraparound programs and going deeper, really, really changing communities and not just spreading yourself so thin that you don't really have a chance to make a difference. So, I think a good example would be of our schools. You know, schools are meant to teach children how to read and to write and, you know, to do the things that you need for survival. Imagine what it would be like not to be able to sign your name, or to make change at the, at the grocery store or at the little kiosk near you or to be able to read the directions on medicine, if you were going to be taking some medicine. Those are all survival skills. But to thrive, you need more. And again, our kafwa were very quick to point out that there's some things that we need for our kids to thrive. The first one was hot school lunches. How could we expect them to come and set and learn to read and write if they didn't have a full tummy. They couldn't even think. So, hot school lunches were added right away. And then they said, Well, we need fresh greens, you know, not just porridge. But let's, let's have some gardens. So we started tire gardens, which is a whole subject in itself. It's been hugely successful. Then we started a girls achievement program that we call GAP; get minding the GAP. And that's for our fifth, sixth and seventh grade girls. And the idea here was to wrap around them the support they would need to be strong. Not to drop out of school. Not to get pregnant. Not to, you know, not, take education seriously, but to stay in school with

these people that cared very much about them. And it's a kafwa that run these GAP programs in the school. And for those of them who are real achievers, we have scholarships, so they can go on to high school because our schools just go K through seventh grade. But I think the wraparound program that is the quintessential example of this is our orphan grief program that's called Isubilo. And it was our kafwa again, that came to us after the schools were going and the children were coming and they'd gotten many, many children enrolled and they were very happy about it. But they came to us actually with tears in their eyes and said, The kids are in school, but many of them are so sad. They don't ever participate in a class lesson. They sit by themselves on the classroom. They withdraw. You see little tears running down their cheeks, and they're obviously grieving for the parents that they've lost. And they're probably many of them living with a grandmother now who has 10 or 12 grandchildren living with her from various children who have now died from AIDS and there's just not enough arms and loving to go around. The kids are pretty much on their own. So they said we would do anything to help these kids. Anything, but we don't know what to do. We don't know how to help them. But if you'd come and teach us, we would do it. And so I contacted some of my social worker friends who actually were working with grieving children here in the US. And I said to them, can you develop a program. So they did. They did a lot of research. And then they went with us to Zambia to train the, the kafwa on how they could be what we termed then as a child support specialist. We thought they needed a special name. And so they call themselves CSS after we got going, but it stood for child support specialists. And in addition to the training itself, which was a week, and then we went back a second time, these friends of mine, these wonderful social workers, also developed a 13-week curriculum for the children themselves. So when the kafwa started bringing them in, in little circles and working with them, they had 13 weeks of activities, everything from, you know, just starting on day one with getting acquainted, bouncing a ball around and forming a group, to getting into later really sensitive things like, you know, going on a field trip and seeing a leaf that's dropped off of a tree and saying, It's never going back on the tree. It's no longer green. It will always be on the ground. And then moving toward your mama's gone. But she's still in your heart. So we're just going to reposition her now in your heart. And this program was so successful, they began calling the kafwa Mama Madam, because that was their person now. And, of course, they didn't want to graduate at the end of 13 weeks, but they, they had that long term relationship with the kafwa and would go back and visit them frequently. So, we've seen lives changed. We say, the kafwa loved them back to life, through this program.

Karin Peter 31:52

And I noticed in your article Sherri, you also talked about education opportunities for some of the health workers in this. So it's wraparound, not just for the people that health workers ministered to, but for them as well.

Sherri Kirkpatrick 32:09

You know, and that's kind of a late Aha!, that I had just a couple of years ago when I said, We've had all these opportunities for the children and the health workers have never ever said, Well, what about us? You know, what about us? I got to thinking as leaders, what, if they're doing all of this, what could they

do if they had a little bit more opportunity? So, we developed a development program for them. And we said, if you want to submit a little proposal, and we gave them a little form, we'd love to have you do some development things for yourself and, of course, that will extend your ministry even further. So, they were so excited. We've just been inundated. We've had, because we have like 140 health workers now, with their ideas, their requests, and many of them wanted to work in little groups. Some of them were not literate, and couldn't even write their own name. They wanted to become literate. Others were literate, but they wanted to learn English. They wanted to be able to converse in English. Others had gotten along farther in school and they actually said, I would like to get a GED. I think I can get a 12th grade diploma, you know. Some wanted to take tailoring lessons. And then they could teach each other. And then they could teach the girls in the school, you know, to sew. And some wanted to take culinary lessons, and again, teach each other and then teach the girls, you know, in the school. So, we've just seen it unfold and unfold in just a couple of years. And now this is our, beginning our third year with the grants for the health workers. And it has just been so inspiring to see them, even though they never asked, how eagerly they have jumped at the chance to further develop themselves.

Karin Peter 33:56

So for our listeners, I want to share with you, you can't see this, but as Sherri is talking about this program, she lights up like you would not believe. Her face just illuminates as she talks about the opportunities not just for the recipients of the ministry of the health workers, but for the opportunities for them as well. So Sherry, your article illustrates several aspects of alleviating dis-ease through HealthEd Connect for the first one is that it's holistic. And we see that in the story of the kafwa their commitment to the twins, as well as the developmental opportunities that you've described for the health workers. It's contextual, and I love that part about it. And we see that from the names of the workers that they chose, and then the context in each country. And it's responsive. You've described so many circumstances where priorities change, the workers recognize it. And then adapt to those changing needs as they did with the pandemic. What does that say to us, to our listeners, as a community who seek to follow Jesus?

Sherri Kirkpatrick 35:16

I think it says it's a wonderful example. To me, it points out what can be done to change the world, even if it's just your little world around you. If even a few people are committed and work together to reach out to those in need, you know the rest of the world doesn't know about the kafwa or the svayansēvaka or the wazadeze or. They don't know these people. But believe me, their community knows them and calls them by name. I believe that was the concise, the consistent, and the often repeated message that Christ shared. That we need to reach out to those in need. It's, it's simply looking at the world around you with your heart. And then following where it leads you and I have seen that happen again and again and again with the kafwa. They're not perfect. They have feet of clay, and they have little spats like the whole world has. But oh, you look at what they've done overall in their humanness, to reach out and help their communities, then it is so commendable and so inspiring. They're my heroes.

Karin Peter 36:28

I think our leader, our listeners will be looking forward to reading more about this, Sherri, as they read your article in The Herald. As we bring our conversation here to a close, I want to thank you again for sharing with us. This has been just a wonderful conversation as we explore and discern what it means to move towards Jesus, the peaceful one. But before we go, I want to give you an opportunity, if you have any closing comments or last thoughts that you want to share with us, before we sign off.

Sherri Kirkpatrick 36:57

Well, Karin, I'd just like to thank you for allowing me, I mean, everybody likes to talk about their passion, right? . . . and this has been just a, a, a thrill for me to share this with you. It's been one of my greatest privileges in life to become close friends with Joyce and Ireen and Beauty and Precious and all of these people that I know by name, these health workers, who are heroes of mine who change the world around them every day. And I'm especially pleased now and rejoice with them as they make these milestone achievements for themselves as they develop them and move on. One of them is even now beginning a nursing program through one of our scholarships. So we're thrilled. She'll now be one of the next trainers for the group. The program all over has been so hugely successful and not because of any expertise that I've had, I simply threw out an idea and it was grabbed eagerly by local people who, who took it on to the next level. And I just can't help but thinking what a world we would have if everyone responded as generously of themselves as these amazing volunteers do. Again, I say they're my heroes. Thank you for letting me share.

Karin Peter 38:15

Thank you, Sherri, and for our listeners to give generously of time, talent, treasure, testimony as part of what it means to be a disciple and you've, you've illustrated that beautifully for us today. For our listeners, you can read The Toward the Peaceful One series of articles including Sherri's on the Community of Christ website, cofchrist.org. In addition, theologian and former Dean of the Community of Christ seminary, Matt Frizzell, discusses each Toward the Peaceful One article in a multi-part series on the Community of Christ YouTube channel. If you'd like to learn more about HealthEd Connect, you can log on to the website at HealthEdConnect.org. Sherri Kirkpatrick again, I thank you for being with us for our Toward the Peaceful One series here at Project Zion Podcast. I'm Karin Peter. Thank you for listening.

Josh Mangelson 39:21

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