



**The heavens declare the glory of God; And
the firmament shows His handiwork.**

Psalm 19:1



Fall 2020

[Page 2](#) Understanding Grace
[Page 4](#) Healing of Relationships
[Page 6](#) Free eBook

[Page 7](#) On the Calendar
[Page 8](#) Online Communities
[Page 10](#) Healing The Sick

UNDERSTANDING GRACE

Colin C M Campbell, PhD

In the Gospels, Jesus asks the disciples the question: Who do you say that I am? Strangely, it is Simon who gets it right and so earns for himself a new name – Peter.

I say strangely because a few verses later, he gets it wrong! When Jesus begins to tell the disciples that he will shortly be put to death, Peter begins to remonstrate with him, saying, “This shall not happen to you, Lord!”

Then Jesus tells him, “The way you think is not God’s way but man’s!”

When we compare the two events, we see in Peter two spiritual states. In the first, he is able to hear God speaking to him. In the second, he is not listening to God. He is listening to his well-intentioned self.

When we go about our day, how do we know that we are listening to God and not listening to our well-intentioned selves?

In formulating an answer, I propose to refer to the teaching of three theologians: St Augustine and Thomas Aquinas, the two great doctors of the Western Church, and Martin Luther, the founder of Protestantism. For all three of them, the point of contact with God was the mind.

This was not the case for the first Christians. Peter did not deduce that Jesus was God’s Messiah by a process of intellectual reasoning. He arrived at the conclusion by a direct revelation from the Holy Spirit of God.

For the first Christians, the point of contact between God and the individual was not the mind but the spirit. So what happened? What caused the change?

For about 300 years, Christianity remained true to its origins but made its way in a culture saturated with ideas belonging to Greek philosophy.

Augustine, in particular, found this influence to be irresistible and mixed Greek with Biblical ideas about God.

These ideas were expanded on by Thomas Aquinas and were reacted against by Martin Luther.

These views are still with us today, obscuring the way in which the first Christians prayed and denying to us the richness of their experience.

In Hebrew terminology, the heart is the organ of knowledge. To know God means to know more than to know about God. It means to experience God spiritually, as intimately as a close friend or spouse would be known.

The idea of God being known in terms of propositional truth is completely foreign to this perspective.

The connection between God and the heart was through the spirit.

If this idea had been known to Aristotle, he would certainly have rejected it. For Aristotle, God was complete and self-sufficient. For him to have any direct contact with the world would make him “passible”; that is, open to outside influence. For Aristotle, this was inadmissible. God was “impassible” and not open to outside influence.

Augustine embraced Aristotle’s doctrine of the impassibility of God, forcing him to find a non-spiritual way for the individual to relate to God.

His answer was the rational soul.

This idea was utterly different from the Biblical view, which taught that God’s Holy Spirit operates through our spirit to change our heart by an idea given to the mind for our consideration.

This cooperation between God’s creative work and our obedience may be called synergy. Our cooperation is required for grace to be effective.

In Augustine's theory, there is no such spiritual gateway. The experience of grace does not arise through a relationship. It is a kind of created substance, infused into the rational soul.

Aquinas built on Augustine's idea of infused grace but introduced Aristotle's idea of the Prime Mover.

One of Aquinas's issues is how can fallen individuals do the will of the Prime Mover, so that they may build the Kingdom of God?

Aquinas reasoned that although our souls may be in a disordered state, they are not so disorganized that they are unable to perform natural functions.

According to him the role of grace is to restore in us the order that has been lost, so that human beings are now able to do the will of God.

Luther called into question the efficacy of this concept of infused grace. For Luther, no amount of infused grace would be able to sanctify an individual sufficiently to enable them to face a holy and righteous God.

How then were human beings to be saved from the sin imputed to them through Adam? For Luther, the answer was clear: through the virtue of Christ, imputed to them through faith alone.

Augustine, Aquinas and Luther all started with the same premise. We all long for happiness but our will is not strong enough to achieve it. To achieve it requires grace.

This brief survey has considered three theories of grace. First, there is grace by infusion. This was the theory propounded by Augustine and Aquinas.

Second, there is grace by imputation. This was the theory proposed by Luther and remains alive and well today.

Third there is grace as a symbiotic cooperation between the Holy Spirit and ourselves. The word for a union of the natural and the supernatural is sacrament.

In my view our normal state should be for us to live as God's sacrament to the world. Peter blundered into discovering it when he was inspired to confess, "Lord, you are God's Messiah, the Son of the Living God!"



Colin Campbell is former President of The International Order of St Luke the Physician Board of Directors, and was elected the current member for Canada on that Board. Colin is also Interim Director of OSL Region 8 (Ontario).



HEALING OF RELATIONSHIPS

Rev. Al Durrance

The work of forgiveness has a twofold healing aspect. It enables others to be set free from bondage to Sin; and it sets us free from bondage to people through our own Sin. I am not "Born Free." I was born in Original Sin, which has little to do with guilt, but with the inadequacy that leads to guilt.

When we are given the authority to remit or forgive Sin, we must see it in terms of what Jesus has done for us. We must see Him as Christus Revelatur, who uses us to bring revelation into our blindness. Education is no substitute for revelation. Jesus tells Peter, "Flesh and blood has not revealed this to you, but your Father in Heaven." Mt 16:17

We have been entrusted with revelation that we might share that revelation with others who seek God. We can only teach, but as we teach, Holy Spirit can make alive the material that we are teaching. It is the difference between knowing God and knowing about God.

We see Jesus as Christus Victor, the one who comes to break the bondage that Sin brings. We have been given His authority over all the power of the enemy. Luke 10:17-20 We are to set people free from the bondage of Sin and the Sin of bondage. Even psychology has had to acknowledge the success of AA's twelve steps and the failure of ego strength methods to break addiction.

He came as Christ, our Substitute. We are to assure people that they are forgiven because Jesus has opened the way out of Sin. They need only come to Jesus to trade in their guilt for His love in Confession and Absolution. This is what the Cross is about. It is not that we are excused and left in our fragile state of Sin. He brings us through death into resurrection where there is no Sin. (See tract on Confession)

He comes to participate in our lives that we might be a participant in His. When

we are completely dead unto Sin and alive unto His righteousness, we will not be subject to the forces of Sin that live within us. In the meantime, we need to go to the Great Physician for repeated treatments.

REPENTANCE

While the element of sorrow and remorse might be involved in the process of repentance, the important aspect of repentance is to keep turning to the Lord, and the path He has created us to walk in. (See tract on Vocation)

The Greek word for Sin is hamartia which means to miss the mark. The Hebrew word for repentance is jashubv, to turn. Perhaps we could say that it means to correct our aim. It is a continuous, lifetime work to seek and follow the will of God. Where we miss the mark, we do not ask God to move the target. We repent, turning to correct our aim.

THE END FORGIVENESS SEEKS

The end of forgiveness is to remove us from the grasp of Sin, and deliver us into the presence of God. We are to be set free to enjoy the intimacy with God that He has prepared for us. We are to find our vocation, the purpose for which He has created us. That is the definition of eternal life - "to know Thee the only true God." Jn 17:3

The other dimension of forgiveness is to bring us into a relationship of love with one another. That may be difficult in the flesh, but it becomes a normal relationship when we have been purged by the judgment of God, and made new creatures in Christ Jesus. (See tract on Forgiveness)

JUDGMENT

God's judgment is not to condemn but to purge us of impurity. When we are willing to give up those things that are

Sin in our lives, He is willing to take the old, crucify it with Jesus, and create us new in the image and likeness of Jesus. He will gather His wheat into His barn, the chaff He will burn in an unquenchable fire. Mt 3:12 When we are willing to turn loose the chaff, we can step out of the fire into the barn.

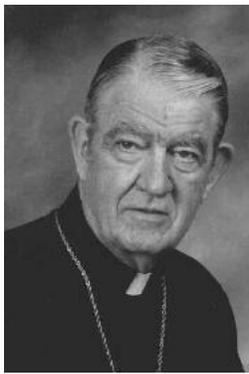
We are not to judge one another because we cannot do what God does. Our judgment is to commend or condemn. When we are tied up in that judgment, we are not free to let God take the old and give us the new. Until we forgive, we hold the chaff, and stand in the fire. (See tract on Judgment)

1. Are you willing to ask God's forgiveness for yourself?
2. Where it will not harm anyone else, are you willing to make amends and ask others to forgive you for what you have done to them?
3. Are you willing to forgive others what they have done to you?
4. Are you willing to assure others that God forgives them, as Jesus has commissioned you?
5. Are you willing to forgive God, when He doesn't do what you expect Him to do in your life?
6. Can you effectively confess the Sins of others so that they are forgiven? How do they get forgiven? Do you have to straighten out the others before God can love them? Did Jesus get them straight before He loved them, or love them in

order to get them straight? Which would be the healing action that He asks of us?

SUGGESTED EXERCISES

1. Make your confession in the presence of someone who is willing to give you absolution, exercising the authority God has given to the Church. Remember to forgive yourself as you are assured of God's forgiveness He has given through your Confessor. Jn 20:23 Share with others the difference that it made in your life. (Do not discuss what you confessed, but how you were affected by the action.)
2. Make a list of people you feel you have offended in some way. Ask them to forgive you. (Be careful not to involve anyone else in that transaction. The exercise is not meant for us to justify ourselves by involving others, but to deal with our own guilt.)
3. Make a list of the people you need to forgive. Forgive them. (You may wish to tell some of them if there has been a long-standing antagonism between you, and seek some sort of reconciliation.)
4. Make an inventory of the times you have been mad at God, and forgive Him. (When you forgive God, it does not mean that He has done something wrong. It means that you had expected something that He did not do. It really means that you are willing to accept God the way He has revealed Himself to you instead of the way you expected Him to be at the time you got angry at Him.)



Al Durrance 1927 - 2014

Al Durrance was born and reared in Florida. He got his education in the public school system, attended Alabama Polytechnic Institute at Auburn, AL to get his Bachelor of Science in Chemical Engineering in 1949. Al attended the Episcopal Seminary of the Southwest and received his Bachelor of Divinity in 1958. He was ordained June 30, 1958, and served in parish work for over 30 years. Fr Al retired from parish work in 1988 and was elected North American Warden of the Order of St. Luke the Physician in 1989 where he served for five years. Al was also a speaker at Camps Farthest Out and is dearly remembered.



Free eBook!

St Luke Anglican Church in Calgary, Alberta, is producing a Free eBook that can be sent by email to anyone in need of encouragement

Thank you to those who have submitted an article on healing or a testimony to encourage the fearful and anxious during this time of pandemic and uncertainty.

Last Call

If you have been thinking about sending a story, now is the time. The book will close for illustrating on November 4th.

For more information and to request your copy please visit

www.HealingConference.info/testimonies.htm

On The Calendar

www.oslCanada.org/calendar.htm

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Nov 19, 2020



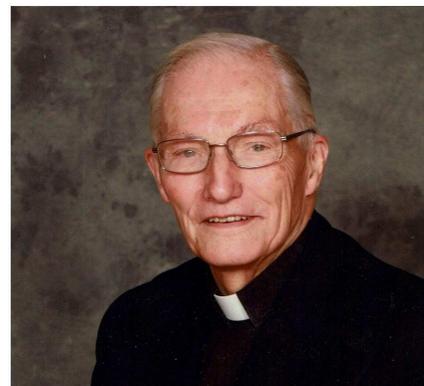
Rev Dr Ed & Janice Hird

For Better, for Worse: Discovering Keys to a Lasting Relationship

On November 15, click to join Zoom
Meeting

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Jan 17, 2021



Rev Canon D.A.P. Smith

Healing the Sick and Dying

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For current OSL Online Healing Conferences and videos of past ones

The Beginning of Online Healing Communities

“Enlarge the place of your tent, stretch your tent curtains wide, do not hold back; lengthen your cords, strengthen your stakes.” Isaiah 54:2

It seems to me that the Lord himself is enlarging the place of the tent of OSL during this otherwise challenging season. Within two weeks of being placed in lockdown I moved my local OSL healing community to meeting online via Zoom.

As for most everyone it was not without its challenges! This was a new platform to navigate as the multiplicity of memes bear witness, but after a few fits and starts it has become a lifeline, especially for those living alone.

Our prayer times during our breakout room sessions have been very rich as have our times of study. A couple of weeks later we began what was to become our twice monthly live stream healing services, initially using my iPad and a podcast microphone. Neither the audio nor the video was great, but that didn't seem to bother those who were watching via Facebook and logging their prayer requests that were immediately responded to by our OSL members. And the Lord, for whom healing at a distance is commonplace, did just that.

A few weeks later the Revd Josh Acton, North American Director of OSL, called and asked if I would consider becoming the Director of Online Healing Communities for OSL. Sharon Pitman, the convener of our first dedicated online healing community had previously spoken to him and other board members about developing online healing communities for people who might not have a local community. Once we advertised on OSL Facebook pages that we would be starting online healing communities the response was tremendous. Sharon quickly had twenty people she was calling and coalescing

into a community. Sharon has since written a wonderful guide that is available for anyone wanting to develop an online healing community, and her husband, Ben, has written a comprehensive Zoom guide for both Zoom hosts and members.

In all there were over eighty people who indicated an interest in participating in an online community! Many were new members who invited others to join them! Another healing community quickly formed with Nancy Pimpinella as the convener.

I was starting a 26 Healing Miracles study group with one of my local leaders as the study guide, and we included people from other parts of Florida, Texas, and Wisconsin in that group. Pastor Kathleen Adams, now Regional Director for 7, offered to lead three classes on the 26 Healing Miracles study. One class comprised people from all time zones across the US, a missionary in South American, an OSL member in the Bahamas, and another in Nigeria!

Such is the flexibility of these online communities that geographic location is not a barrier for forming community. These study groups are now getting ready to form into online healing communities for ongoing study and prayer whilst new study groups are also forming.

Another online healing community formed with Randy Mah as the convener, and although this group is largely comprised of people on the west coast they live in California and Oregon.

Meanwhile other groups that had been meeting in person reached out to learn

how to move to meeting via Zoom, and many have been greatly helped by Sharon Pitman's guide. Some of these groups will return to in person meetings when it is safe to do so, however others have picked up members from different locations and have decided to continue as online healing communities even after the restrictions forced on us by the pandemic are lifted.

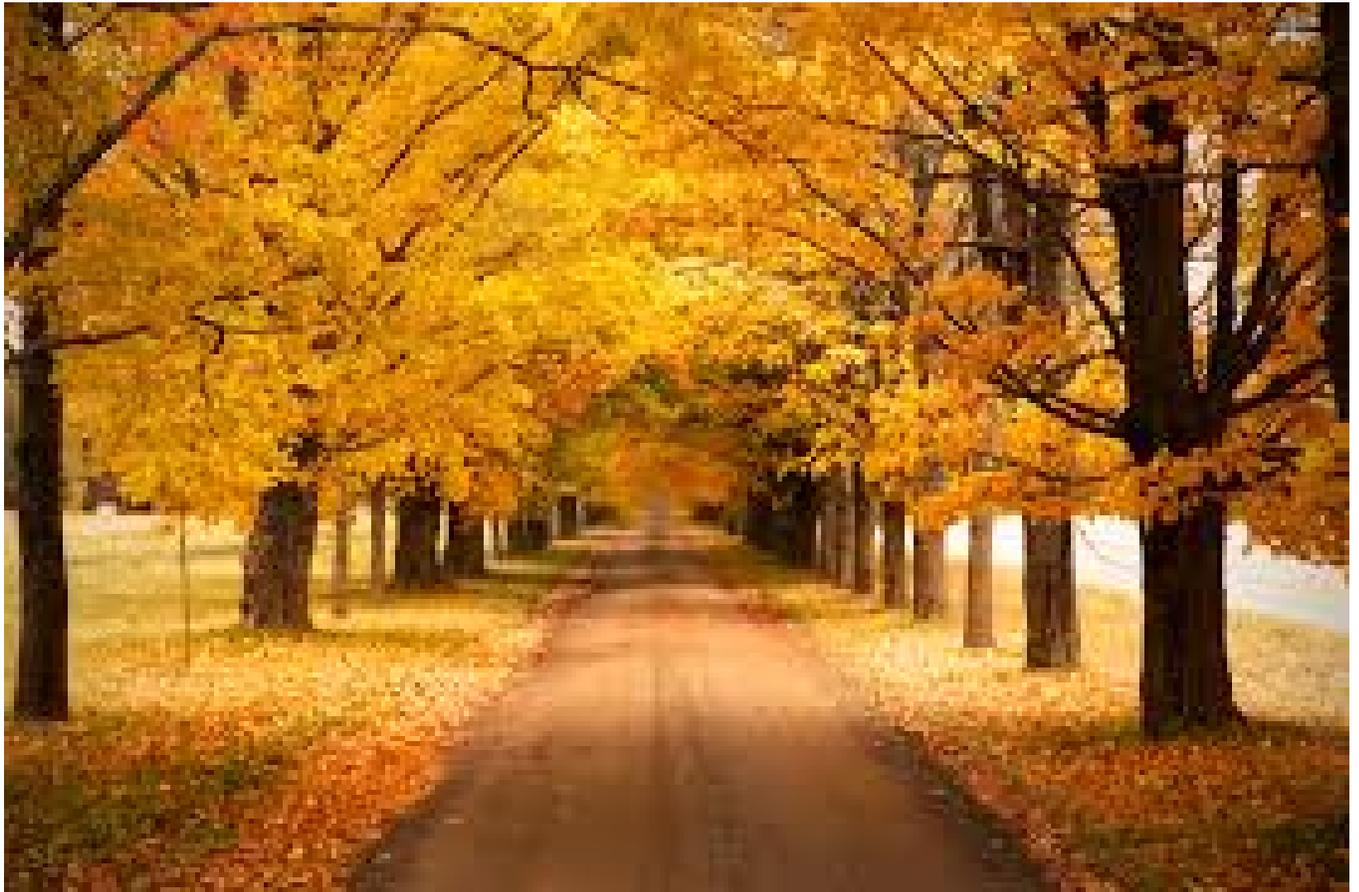
If anyone is interested in starting or joining an online healing community or a 26 Healing Miracles study group please contact me at info@OSLToday.org.

The Reverend Sarah L. Bronos

Director of Online Healing Communities
for OSL

Associate Priest for the Healing Ministry
at Church of the Ascension, Orlando, FL

Chaplain, Healing Hearts and Healing
Hands Community, Orlando, FL



Healing the Sick

Rev Canon David (DAP) Smith

An excerpt from his new book soon to be published

Canon Smith shares his experience and wisdom gained over many years of pastoral visiting. His new book *Lord, Teach Us To Pray* will be a welcome leg up for the new visitor and will find a place in the library of seasoned visitors. Canon Smith will be discussing this and other topics as guest speaker on the OSL Telephone Conference on January 17, 2021

When visiting the sick

2. The Approach

When coming to see a sick person it is important to leave behind the world out of which we come and enter into the world of the patient with all its restrictions and limitations. This will probably involve a deliberate and major shift in our outlook and attitude as we enter the sick-room. We should therefore

- slow down, especially if we should happen at that time to be in a hurry or have other things on our mind. The patient will think we do not care if we appear rushed or preoccupied.
- focus on the patient and make her, at this point, our main concern. All other matters, important though they may be, must be “put on the back burner” for the time of our visit.
- centre on Christ in both mind and heart for it is he that we bring into the sick room.
- enter gently, with all senses alert, aware of any significant sights, or smells, or sounds that might indicate the patient’s condition or attitude. A sick person does not want to be glad-handed by a raucous, bullish visitor who is totally “out of sync” with the way he feels.
- be sure to be clean, tidy, and pleasant, so as to be someone to be welcomed, not endured.
- respect the nursing staff, and give them first place when they are busy with the patient. Nurses are generally most helpful to visitors who recognize the worth of the staff and cooperate with them.

3. Bring Christ, but do not preach

We should beware of bulldozer tactics. I once knew of a dedicated couple, members of a fundamentalist sect (at least I was told that they were) whose practice was to ensconce themselves at the foot of the hospital bed, read a passage of Scripture, and then proceed to preach a mini-sermon to the astonished and over-whelmed patient. Such was not the compassionate approach of Jesus. We should indeed bring Christ to the patient, but only in the care and gentleness of our concern, and above all in the way that we pray.

4. Do I pray, or do I not?

It is sometimes maintained that the Christian pastor will never leave a patient without having offered a prayer, but there can be occasions when a prayer is just not appropriate. In fact, the patient might not welcome it, and could even be angrily upset by it. The visitor has to be sensitive to the situation.

We should always ask the patient for permission to pray unless it is patently obvious that a prayer is expected. Sometimes the patient is shy and uncomfortable about being prayed for because it is something he is not used to. He could even be desperately fearful that he might be expected to join in! A reassuring approach might be to say, "May I pray for a blessing?", or a priest can say, "Let me give you a blessing", which lets the patient feel he doesn't have to say anything at all. In any case, the prayer should be short and to the point. One should not ramble on; quality, not quantity, is what matters. Often the best procedure is to conclude one's visit with a short prayer and then slip away without saying good-bye in order to leave the patient in a state of quiet contemplation. And yet, most patients will make a big effort to rouse themselves when we leave and cheerfully say "good-bye" in order to be polite and not offend us. We can only hope that they then might relapse into "quiet contemplation" after we have gone!

5. Do I pray from a book?

As a general rule, a "genuine prayer from the heart" is most effective in conveying the impression that we are not just "going through the motions" in order to look competent. We want to show that we really are in touch with God and that we truly care for the patient. And yet, the prayers for the sick in The Book of Common Prayer (the BCP) and The Book of Alternative Services (the BAS) are there for our use. They are very readable (if read with understanding) and, of course, theologically sound. Besides, many of the phrases in these prayers can be very comforting to those who are familiar with the Anglican liturgy.

But if we are experienced in visiting the sick we will carry in the back of our mind a few concepts and sentences that we can draw on as the occasion demands. It is quite extraordinary how the Lord brings to mind the necessary words and images when we turn to him for help.

When a person is dying, and the family is gathered around the bed, often something more than a brief prayer would seem to be desired. We can then use the Litany for the dying which is found in the BAS on page 562. It is not only appropriate but it enables the family members, if they wish, to participate by joining in the responses. In any case, friends and family usually appreciate being able to join in the Lord's Prayer which is appropriate on all occasions. And it can always be called upon when the mind goes blank!

6. Composing a Prayer

When we pray, our manner and techniques will be our own for we all are different, but at the same time we should always be ready to learn from others when they pray. Generally speaking, our prayer should be short and to the point, for we are not there to impress ourselves upon others. It should be addressed to God for we should not forget that it is to him that we pray. And yet our concern, of course, is for the patient so we should not ramble on about how we feel! Nor should we omit the element of thanksgiving. We might, perhaps, recall the blessings of the past, but certainly we will want to focus on the present love and healing power of God. We should speak slowly and clearly in order to be understood, not so loudly as to be alarming, but firmly and with confidence in God's compassion and mercy. Moments of quiet also have their eloquence, but prolonged silence, unless the patient is prepared for it, can leave the sick person wondering if we have become distracted or fallen asleep!

7. Do I read from the Bible?

We should avoid bringing to the sick bed a heavy, oppressive, “religious” atmosphere, and if we were to read a long, unfamiliar Bible passage it might convey just that. But short, familiar sentences that we know by heart are often quite helpful. A few lines from the Twenty-third Psalm, or Psalm 121, elicit images that can be of great comfort when we are sick. Often we can turn to those sentences which are so familiar to long-time Anglicans, the “Comfortable Words”, found on pages 77 & 78 in the BCP, and on page 238 of the BAS. But none of us enjoy being “preached at”, especially when we are not feeling very well.

8. To touch or not to touch?

Our personal touch enhances the intimacy of the occasion and often expresses our concern and affection far more than our words. But it is necessary to say that a touch can also be interpreted as an unwelcome invasion of one’s personal space. The safest rule to apply is - when in doubt, don’t. And yet holding the patient’s hand, or a light touch on the shoulder when we pray or when we say good-bye, can be very expressive.

The Laying-on-of-Hands, upon the brow or top of the head, or upon the shoulder or arm, can be a powerful gesture during an intense prayer for healing. Sometimes a pastor will lay-on-hands touching the affected part itself, but one has to be extremely careful and sensitive of the patient’s needs and attitudes. Some people these days are easily offended by what they sense to be a personal assault upon their person no matter how innocent the intention might be. Often it is best to ask first.

9. When others are present

a) We should never interfere with the work of the hospital staff be they doctors, nurses, orderlies, or cleaning staff. Once we have gained their confidence it is surprising how helpful these people can be to those of us who bring spiritual care. We should never forget that, after all, we are entering their space as well as the patient’s. As visitors, we are outsiders.

b) In a ward or double room we can draw and close the curtains to create a certain amount of privacy and then speak in subdued tones so as not to disturb others. And yet there are occasions when a roommate will want to be included in a prayer. One has to be open to the suggestion, and yet sensitive to the feelings of both the patient and the others in the room.

c) When other visitors are present and the time comes for prayer, it can be an awkward moment as we try to decide how we should proceed. It is never wrong gently to ask both the patient if they mind that others be involved, and then ask the visitor. It is good to encourage visitors to participate if they are willing and if the patient agrees, but they should be allowed to quietly depart or step outside if that is what they would prefer.

10. Anointing the Sick

“Is any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord.” - James 5: 14

The Anointing of the Sick is one of the traditional “five commonly called Sacraments”⁵ which in the mediaeval Church came to be limited to the dying and was referred to as “Extreme Unction”.

In recent years the practice of anointing the sick for healing has been revised and is now in common use as a sacramental act of prayer. When approaching a seriously sick

person who is a faithful member of the parish, a priest normally will consider administering the three sacraments which especially pertain to healing: confession and absolution, anointing with oil, and Holy Communion.⁶

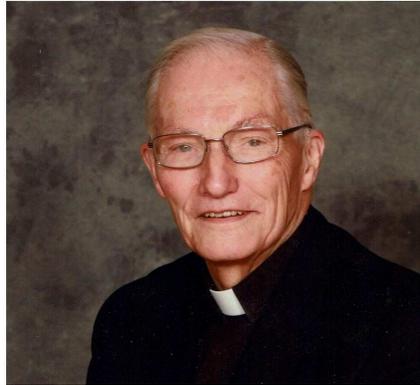
In the modern Church, the ministry of lay people has been revived and emphasized, especially in regard to the pastoral care of the sick. As a result lay people have become involved in the Laying-on-of-Hands and Anointing. But, as so often happens, when a thing becomes popular it becomes over-used and even abused. In the case of the anointing of the sick, the practice in some places has recently become quite indiscriminate, and performed so superficially, that it would appear to be done as a magical act and not as a sacrament at all!

The Anglican Church of Canada therefore insists that the anointing of the sick be administered with circumspection and control. The BAS is very clear: "The oil for the anointing of the sick is to be used only by the clergy and those lay persons who have received authorization by the diocesan bishop".⁷ The oil that is used is normally blessed by the bishop at a special service held during Holy Week (although there is a form of blessing in the BCP, page 85, that can be used by a priest). The act of anointing is traditionally administered in the event of a serious illness once only, unless there is a relapse in which case it may be repeated. Anointing the sick should always be reverently administered in an atmosphere of faith and trust in the healing power of God. There are occasions when wonderful miracles of physical healing do in fact happen, but we should also appreciate that in every case some kind of inner healing occurs in response to our humble approach to the Lord Christ for his blessing and help.

11. Some things we should avoid

- Don't dominate or bully the patient. We should never forget that the patient is in unfamiliar territory and in an unfamiliar condition, and no doubt feels particularly weak and vulnerable, and often very lonely. He feels bad enough as it is.
- Don't gang up on the patient. Three or more visitors all at one time can be intimidating, and the situation usually turns into a party. A party is fun, even for the patient if it is not too exhausting, but it may not be particularly helpful.
- Don't overstay your welcome. It is important to be alert for any signs of restlessness or discomfort, and be ready to leave.
- Don't be shocked by what you see, hear or smell. For the patient, his situation is all too normal. We are there to bear with him.
- Don't talk about yourself unless you are bringing news that is interesting to the patient. We should be focussing on his concerns.
- Don't try to cheer up the patient or make light of his condition, especially if he is despondent. We should empathize with his feelings and assure him of our concern, and of the love of God.
- Don't insist that the patient will recover, saying "Oh, you will be fine!" We should accept the way things are, as no doubt the patient does, and always maintain a positive view of death as the gateway to eternal glory.
- Don't gossip. If we gossip about others to the patient, the patient will wonder if we gossip to others about him.
- Don't gossip about the patient with others. We should be careful not to reveal any more about the patient's condition than is necessary even though his friends may be genuinely interested.

- Don't break a promise. If we promise to come again, then we should come again. But it is better to make no promise at all except to say that we will try.
- Don't presume that the patient is not listening to what is being said around him. Although he may appear to be asleep or unconscious, or even in a coma and unable to make any kind of visible response, he may be able to hear very well.
- Don't forget to inform the parish or the rector when someone is sick so that other ministers also can be involved, and that the parish might know to pray for him.



The Reverend Canon D. A. P. Smith

Canon David Smith is a priest of the Anglican Church of Canada who has served in parishes in the Dioceses of Algoma in Northern Ontario, and Ontario, in the south-eastern part of the province, for over forty years before retiring in 1999, to live in Perth, Ontario, where he continues to serve, when asked, in his own parish of St James' and in some of the rural parishes in the area. He has been involved in the Order of St Luke for many years, was one-time Warden of Region 8 (all of the Province of Ontario), and served on the North American Board. He is also an Associate both of the Order of the Holy Cross, a monastic order for men, and of the Sisters of the Church, an order of Anglican nuns. He was appointed an Honorary Canon of St George's Cathedral of the Diocese of Ontario in 1996.

He is currently preparing for publication his second book, "Lord, Teach us to Pray", an assimilation of his observations and thoughts garnered over the years about the practice of prayer by Anglicans.

OSL PRAYER

"Almighty God, who inspired your servant St. Luke the Physician to set out in Gospel the love and healing power of Your son. Graciously continue in Your Church the love and power for the healing of our bodies and souls, to the praise and glory of Your Name, through Jesus Christ, our Lord. Amen."

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