

**STANDING COMMISSION ON HEALTH**

**MEMBERSHIP**

The Rt. Rev. Barry R. Howe, <i>Chair</i>	West Missouri, VII, 2009
Ms. Deborah J. Stokes, <i>Vice-Chair</i>	Southern Ohio, V, 2012
The Rev. Sarah J. Knoll-Williams, <i>Secretary</i>	Kansas, VII, 2012
The Rev. Richard F. Brewer	Long Island, II, 2012
Ms. Pamela B. Chapman	Western Michigan, V, 2009
Ms. Nancy M. Dick	Easton, III, 2009
The Rt. Rev. Johncy Itty	Oregon, VIII, 2012
Dr. Margo E. McMahon	Western Massachusetts, I, 2009
The Rev. Babs Meairs, <i>Presiding Bishop's Liaison</i>	Episcopal Church Center
The Rev. Trudie J. Smither	Dallas, VII, 2012
Dr. Miguel E. Umamo Erazo	Honduras, IX, 2012
Ms. Dorothy J. Fuller, <i>Executive Council Liaison</i>	El Camino Real, VIII, 2009

**SUMMARY OF WORK**

The Standing Commission on Health was created by Resolution at the General Convention in 2003. However, at that time this Commission was not granted funding, and therefore no members were appointed. At the General Convention in 2006, funding was granted, and the Commission became a reality with appointed members. During the triennium, further funding was granted by the Executive Council.

As a new Commission, mission objectives were established at its first meeting. They include: (1) Collaboration with the Executive Council's Committee on HIV/AIDS; (2) Gathering policies and Resolutions on health care from the Office of Government Relationships for the development of future work; (3) Focusing on disparities in health care; (4) Bringing together those within TEC who develop, provide and/or teach health care and health policy in a Convocation of Health Ministries in 2008; (4) Seeking collaboration with A147 Task Force of the Church Pension Fund; (5) Working with chaplains who work in health care; and (6) Ensuring that any legislation proposed is responsive to the Millennium Development Goals.

Commission members are involved in many differing health care ministries. They represent a broad spectrum of experience that has brought important knowledge and understanding to our work together. There was a strong desire to work with people throughout the church who also have ministries in health care. An important goal was building a network among the ministries of health care throughout the church, thereby bringing common concerns and activities into a more cohesive awareness of what is being accomplished and of what needs new and further attention. Members of the Commission also did research in The Episcopal Church Archives on health issues and actions previously taken at General Conventions to inform our present work.

Due to a limited budget, with the exception of the initial meeting of the Commission, and the Convocation of Health Care Ministries, the Commission held all other meetings electronically. We found, for the most part, that these electronic meetings were successful in the sense that our work was carried out in good order. However, we also recognized that face-to-face work together must be part of the mix for learning and growing with one another.

**CONVOCATION ON HEALTH MINISTRIES**

A major effort of the Commission was the calling together of a Convocation on Health Ministries. The purpose of the Convocation was to bring many different groups within the church working in health ministries together to network, identify common health issues, examine policies and legislation, bring before the Commission recommendations for future policy and legislation and identify what can be done more efficiently together in the work of health ministries and health advocacy.

The Convocation met in Baltimore from April 2-5, 2008. Representatives from the following Commissions, Committees and Agencies were in attendance:

1. Standing Commission on National Concerns
2. Commission on Science, Technology and Faith
3. National Episcopal Health Ministries
4. Episcopal Health Services
5. Office of Ministry Development
6. CREDO Institute
7. Office of Government Relations
8. Assembly of Episcopal Healthcare Chaplains
9. Church Pension Fund
10. VA Hospitals
11. Commission on HIV/AIDS
12. National Episcopal AIDS Coalition
13. Recovery Ministries
14. Native American Ministries
15. Episcopal Retirement Homes

A great deal of information was shared, networks were established and issues for legislation were proposed. Above all, participants had a wonderful opportunity to observe the tremendous amount of work that is being done on health issues and health care by many people throughout the church. As a result of this Convocation, much more cooperation among these groups is taking place. A special word of thanks goes to the Church Pension Fund, which was very willing to support this Convocation through significant funding. It could not have taken place without this wonderful support.

The following actions were proposed at this Convocation:

1. The Episcopal Medical Trust be tasked with the compilation of an Episcopal Medical Directory of its institutions and leadership.
2. An Assembly of Episcopal Hospitals and Long-Term Care Facilities be created for the purpose of exploring issues of shared identity, mission/vision strengths, and to identify similar economic interests in network purchasing, third party payer strategies, marketing and other economies of scale.
3. The Episcopal Medical Trust facilitate a conference of CEO's of Episcopal Healthcare Institutions before the next General Convention for the purpose of networking and sharing ideas of mutual interest.
4. The SCOH spend the next triennium gathering information, developing plans and educating The Episcopal Church in the following areas of concern:
  - a. Disaster Preparedness (congregational and diocesan levels)
  - b. Recovery Ministries (develop curriculums for seminaries/congregations)
  - c. End of Life issues (palliative care, hospice care, ethical issues)
  - d. Universal Health Care
  - e. Availability of health programs to marginalized communities (including Province IX and Native American populations)
  - f. Endorsement and Certification Standards for the specialized ministry of chaplaincy
  - g. Continuing Education of clergy around health issues
  - h. Clinical Pastoral Education (CPE) curriculum for lay vicars, deacons and priests in non-seminary training programs for ordination

#### **UNIVERSAL HEALTH CARE**

The SCOH affirms the continuing advocacy of the Office of Governmental Relations in their lobbying for a health care system in which all may be guaranteed decent and appropriate primary health care during their lives and as they approach death. The SCOH remains concerned that approximately 45 million Americans lack health insurance, and that about 116 million Americans struggle to pay medical bills, are uninsured or underinsured for a time and go without needed care due to the cost.

The SCOH recognizes that the lack of access to medical care has resulted in some of the following negative health consequences for the uninsured: fewer cancer screenings, mammograms, and dental exams; delayed test results and treatment; unfilled or skipped drug prescriptions; and more emergency and hospital visits for care. The uninsured receive inadequate care, endure more pain and suffering and are more likely to die sooner than those who have health insurance coverage.

The SCOH calls attention to the critical impact of the lack of coverage on children, who are more likely to receive little or no care, develop chronic and serious conditions and have an increased risk of hospitalization.

For these reasons, the SCOH reaffirms the positions taken by General Conventions 1991 and 1994 decrying *the inequitable health care delivery system of the United States of America and calls upon the President, the Congress, Governors and other leaders to devise a system of universal access for the people of our country and declaring that universal access to quality, cost effective health care services be considered necessary for everyone in the population.*

### **END-OF-LIFE ISSUES**

The Association of Episcopal Healthcare Chaplains and the National Association of Professional Chaplains, who serve on the front line in hospitals across the country and in the places where our military are serving, reported to the SCOH on their urgent concern about the appalling lack of knowledge of end-of-life issues on the part of patients, families, clergy and others as they face end-of-life decisions. The chaplains stressed the utmost importance of continuing and improved education about these issues, including educational opportunities regarding Hospice Care and Palliative Care.

With this report, the SCOH strongly reaffirms the positions taken by General Conventions in 1991 and 1994, found in Resolutions 1991-A093 and 1994-A056, which ‘Establish Principles with Regard to the Prolongation of Life’. Such principles include:

- Although human life is sacred, death is part of the earthly cycle of life.
- It is morally wrong and unacceptable to take a human life in order to relieve the suffering caused by incurable disease.
- Palliative treatment to relieve the pain of persons with progressive incurable illnesses, even if done with knowledge that a hastened death may result, is consistent with theological tenets regarding the sanctity of life.
- There is no moral obligation to prolong the act of dying by extraordinary means and at all costs if a dying person is ill and has no reasonable expectation of recovery.
- The church’s members are urged to seek the advice and counsel of members of the church community and, where appropriate, its sacramental life, in contemplating the withholding or removing of life-sustaining systems, including hydration and nutrition.
- The decision to withhold or withdraw life-sustaining treatment should ultimately rest with the patient or with the patient’s surrogate decision-makers in the case of a mentally incapacitated patient.
- The patient’s right to self-determination should be respected when a decision is made to be transferred to another facility.
- Advance written directives should be encouraged, and church members are encouraged to execute such advance directives during good health and competence. The executions of such advance written directives constitute loving and moral acts.

### **EPISCOPAL HEALTH MINISTRIES**

The SCOH endorses the growing trend in TEC congregations to appoint parish nurses and other people in healthcare to provide screenings for many different health issues, to administer vaccines and to organize educational seminars on health issues. Much of this ministry helps prevent serious illnesses from developing among the parishioners.

**RESOLUTION A077 EPISCOPAL HEALTH MINISTRIES**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 76<sup>th</sup> General Convention urges the congregations of The  
2 Episcopal Church, which have not already done so, to explore and implement health ministry as an organizing  
3 concept or vital component of outreach and pastoral care of the congregations by 2012; and be it further  
4  
5 *Resolved*, That the General Convention selects the Sunday closest to St. Luke’s Day (October 18) to be observed  
6 annually as Health Ministry Sunday for the recognition of health professionals in the congregation; for  
7 consideration of health systems upon the lives of the congregation’s members; for study of the abundant biblical  
8 references to health and healing; and for expansion of understanding about health to include body, mind and  
9 spirit.

**EXPLANATION**

Health ministries play a unique and critical role in facilitating the overall health of clergy, staff and congregation. Health ministry looks different from congregation to congregation, reflecting the unique needs, interests and resources of the faith community.

National Episcopal Health Ministries (NEHM) educates leaders for Episcopal health ministry and parish nursing, supports those engaged in health ministry in Episcopal congregations and provides resources to local congregations, dioceses and provinces. NEHM is a valuable resource for those seeking assistance in the development of faith ministries.

**NATIONAL EPISCOPAL COALITION ALCOHOL/RECOVERY MINISTRIES**

The SCOH commends and applauds the work of NECA/Recovery Ministries for thirty years of providing educational materials for TEC congregations that seek to inform about addictive patterns and behaviors and reduce the incidences of addiction to alcohol and other addictive drugs. During these three decades they have also been successful in ministering to many recovering from addictions, assuring them of their support and leading them to new wholeness. In order to continue to uphold and affirm this work, the following Resolutions are presented.

**RESOLUTION A078 ANNUAL RECOVERY SUNDAY**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That every congregation in The Episcopal Church is to institute a  
2 Recovery Sunday to be celebrated annually on a date or dates to be determined by the Ordinary.

**EXPLANATION**

The 76<sup>th</sup> General Convention marks the 30<sup>th</sup> anniversary of The Episcopal Church’s Resolution to request each diocese to establish Committees on Alcoholism (1979-B122). In subsequent actions of General Convention, the work of the National Episcopal Coalition on Alcohol and its successor, Recovery Ministries of The Episcopal Church, has been recognized and promoted (1982-B049, D015, D084; 1985-A083, A084; 1988-B016, C035; 1991-A100; 2003-A123).

**RESOLUTION A079 ADDICTION EDUCATION FOR ORDAINED MINISTRY**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That every course of study for the ordained ministry of the Church, in  
2 seminaries and elsewhere, include education in the nature of addiction, in the identification, practices of  
3 intervention and treatment of addiction, and in Twelve-Step programs for recovery from addiction; and be it  
4 further  
5  
6 *Resolved*, That each diocese commit to continue to address the issues of education, prevention, intervention and  
7 treatment in support of its congregations, clergy, laity and employees.

### **EXPLANATION**

The 67<sup>th</sup> General Convention (1982-D084) called for and encouraged the study of alcoholism and other chemical dependencies and ministry to persons affected thereby. There is ample evidence that the social, personal and pastoral effects of addiction continue to exact enormous costs.

### **DENOMINATIONAL HEALTH PLAN**

The issue of health care benefits for clergy and other church employees is one that is of deep concern to the SCOH. We are aware that many congregations throughout the TEC are no longer able to call full-time clergy to be their pastors due to the out-of-reach costs of medical insurance. While the medical insurance costs have skyrocketed in every sector of our culture, they have crippled many congregations to the point that they must sacrifice strong clergy leadership. Smaller congregations, in particular, are victims of this problem, and inequities in costs among the dioceses are very significant. Without changes being made in this system, the ongoing effect will demoralize TEC and leave many vacant cures.

We received a presentation by the Church Pension Fund describing in detail its response to the 2006 General Convention Resolution A147 on the present and projected state and cost of health care coverage for clergy and lay employees in the church. The SCOH endorses the Church Pension Fund's recommendation and the principles of the denominational health plan, as described in the proposed Resolution found in their Report.

The SCOH strongly urges the 76<sup>th</sup> General Convention to approve the Church Pension Fund's proposal to implement the proposed denominational health plan for the church.

### **HEALTH LITERACY**

In working with those who are carrying out ministries in health care, the SCOH notes that many report that patients and their families often do not understand the basic health information and services needed to make appropriate health decisions. The National Center for Educational Statistics has reported the following:

- Nearly half (89 million) of American adults cannot understand basic health information.
- One in three American adults has limited health literacy.
- 40-80% of medical information that health care providers give is immediately forgotten by patients.
- Reading level is not always the same as the highest grade of school completed.
- Most adults read and comprehend information three to five grades below their highest grade completed.
- One of the many side affects of lower health literacy is premature death. High risk individuals are elderly persons with severe disabilities; persons who are members of cultural, linguistic and ethnic minorities; persons who are chronically underemployed; and persons who are homeless.
- The SCOH notes that church members can be of significant help in explaining and interpreting information to others as volunteers and friends. Informed decisions can only be made with informed minds and hearts.

### **EPISCOPAL DISABILITIES NETWORK**

The SCOH acknowledges—with thanksgiving—the work being done throughout the church by the Episcopal Disabilities Network. As a church whose mission is to be inclusive in welcoming all people to live in sacred community, the welcoming of disabled persons is often made difficult and sometimes impossible by the lack of attention to accessibility to facilities and to programs.

The Disability Concerns Committee in the Diocese of Massachusetts has developed a series of leaflets and other printed material that are available for use throughout the church. The SCOH commends these excellent aids listed below.

### **PARISH CONCERNS**

- How a 'Disability Matters Committee' can work in a parish.
- Parish Prayer about disability matters.
- A Cane Means 'Don't Bump!' – an educational program for pre-schoolers.

- Your rights and obligations as a parent or a godparent of a child with special needs.
- Preparing my child with special needs for independent Christian living as an adult.
- Disability policies for Episcopal parishes.
- Your congregation is getting an elevator or a lift.
- Where to place wheelchair cut-outs in sanctuaries.
- Oh, so your parish is getting a ramp! Making it do its job.
- Possible funding sources for disability work in Episcopal congregations.
- Conducting a Visit-ability survey of parishioners' homes.
- Episcopal church web site disability notices.
- Principles to use in church disability access work.
- Facilitating relationships between parishioners with developmental disabilities and other parishioners.

**DIOCESAN CONCERNS**

- Ideas for a Diocesan Disability Matters Committee.
- Proposed sample web page for a diocese beginning disability work.
- Establishing a diocesan architect consultation program.
- Usher training workshop ideas regarding disability matters.

**RESOLUTION A080 MINISTRY DISCERNMENT FOR DISABLED PERSONS**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That all Dioceses encourage qualified people with disabilities to begin  
2 ministry discernment as described in Title III of the Constitution and Canons of The Episcopal Church; and be it  
3 further  
4  
5 *Resolved*, That the discernment process for people with disabilities be the same as the discernment process for  
6 persons who are temporarily able-bodied; and be it further  
7  
8 *Resolved*, the Commissions on Ministry and Standing Committees apply the same standards to persons with  
9 disabilities as they apply to persons who are temporarily able-bodied.

**EXPLANATION**

Although people with disabilities comprise the largest minority in the country, there are no more than a handful of clergy with disabilities who are active in The Episcopal Church. Furthermore, only 30% of people with disabilities attend churches of any kind. We are an aging church—50% of all Episcopalians are over 50 years of age. If one lives long enough, one will acquire one or more disabilities.

Clergy with disabilities are especially qualified to minister with and to parishioners with disabilities. Clergy with disabilities are particularly equipped to demonstrate that TEC is open to and welcomes all members. Clergy with disabilities have innate skills for ministering to families with members who are chronically ill or disabled.

**RESOLUTION A081 ACCOMMODATION FOR PEOPLE WITH DISABILITIES**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That reasonable accommodations, such as sign language interpreters,  
2 motorized scooters or similar adaptive equipment, be made available and financed by The Episcopal Church,  
3 dioceses or parishes sending staff members or volunteers who are disabled to conferences or meetings on behalf  
4 of the church.

**EXPLANATION**

If “The Episcopal Church Welcomes You” is not merely a sign, but rather a lifestyle and truly welcoming to all people, then it must be possible for all people to take part in the full life of the church. Foreign language interpreters are already available and financed at meetings of the Executive Council and the House of Bishops. Sign language interpreters are available and financed by the General Convention Office during sessions of

General Convention. In order for people with disabilities to be fully included in every facet of the life of the church, some of them will need adaptive equipment.

Many wheelchair or scooter users are unwilling to take the equipment they use at home to conferences or meetings to which they must travel by air because their equipment is valuable and often damaged in such travel. People who are deaf or hard-of-hearing do not travel with a sign language interpreter.

**BUDGET APPROPRIATION**

The Standing Commission on Health will meet approximately three times during the next triennium. They will also seek to convene a second Convocation on Health Ministries. This will require \$10,000 for 2010; \$20,000 for 2011; and \$10,000 for 2012; for a total of \$40,000 for the triennium.