

The Standing Commission on Human Affairs and Health

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MEMBERSHIP

The Rt. Rev. George N. Hunt, *Chair*, Diocese of Rhode Island
 The Rt. Rev. John S. Spong, Diocese of Newark
 The Rt. Rev. William E. Swing, Diocese of California
 The Rev. Dr. Robert M. Cooper, *Vice Chair*, Diocese of Texas
 The Rev. Dr. David A. Scott, Diocese of Virginia
 The Rev. Dr. Martin R. Tilson, Diocese of Alabama
 Mrs. Joyce Phillips Austin, Diocese of New York
 Mrs. Scott T. Evans, Diocese of North Carolina
 Carolyn Gerster, M.D., Diocese of Arizona
 Mr. Harry C. Griffith, Diocese of Central Florida
 Mrs. Lydia Lopez, Diocese of Los Angeles
 John Weeth, M.D., *Secretary*, Diocese of Eau Claire

Mrs. Evans replaced Dr. Edward High (Diocese of Tennessee), who died suddenly in 1986. The Rev. Dr. Scott replaced the Rev. John C. Fletcher (Diocese of Southwestern Virginia), who resigned in 1986. The Rev. Dr. Tilson replaced the Rev. Van Samuel Bird (Diocese of Pennsylvania), who resigned in 1987. The Rev. Dr. Barbara Taylor of the Episcopal Church Center staff served as consultant to the commission. Mrs. Evans served as the commission's liaison with the Executive Council.

THE BLUE BOOK

SUMMARY OF THE COMMISSION'S WORK

The commission met seven times during the triennium, once in Chicago, three times in Alexandria, Virginia, once in Chevy Chase, Maryland, and once in Scottsdale, Arizona.

FINANCIAL REPORT

Income	1986	1987	1988
Appropriated by Convention	\$13,500.00	\$12,800.00	\$ 8,200.00
Budget overrun approved by Secretary of General Convention		---	
Expenses			
Meetings and related expenses	10,779.23	16,738.00	

Please Note: The report which follows is that of the whole commission. However, Mr. Griffith has expressed reservations about Section II, through subsection B, and has submitted a statement of his reservations, which is appended to the report following Section VII.

THE COMMISSION'S REPORT

I. THEOLOGICAL INTRODUCTION

The Standing Commission on Human Affairs and Health is charged with making inquiry into a variety of subjects and issues that face the Church and society in our times. Obviously, only a few of those subjects and issues can be addressed in any depth.

There are at least two things that make a commission of a Christian church different from a secular body inquiring into matters of human affairs and health. First, a church commission on human affairs and health is constantly aware that all human aspirations, endeavors, and thought occur "before God," i.e., in the presence of God. Consequently, the church commission has to be concerned with the question, "Do our human affairs honor or dishonor God?" To the degree to which this question is answered an unrelenting and probing light is thrown upon the issue itself. Does this action or approach to this issue bring honor or dishonor to God? That is our crucial question.

Second, Christian ethical reflection is carried out by recalling the fact that our lives are lived not only before God but also in the context of the flow of time and history. To the degree that the study of Christian ethics is *uninformed* by the best knowledge that our culture affords us from the sciences and the humanities, it is a disastrously flawed ethical system, even a useless, pretentious or blasphemous one. Having the best scientific knowledge, however, is not *sufficient* for doing our work well, or even honorably. Such knowledge alone can never inform us fully of who God is and what that God requires of us.

These two poles of ethical discussion not only make the commission's work difficult, but they also underline the importance of its work for our contemporary life. The central problem that faced the commission is the same one that faces the whole Church: *the Church is not the Kingdom of God*. The evidence for this claim is massive. The Kingdom of God is in us or among us, we believe, but we live under conditions of finiteness and temporality. The eternal, the infinite, and the transcendent are dimen-

sions of our individual and social lives, but we are not yet full citizens of the Kingdom. We daily invoke its advent. What does that mean for us?

The realization that the Kingdom of God has not fully come, that God does not reign completely in the world, or in our lives places harsh burdens upon us. How are we to govern and control our lives now? How are we *as a church, as an institution*, to be the place in the world where the marks of the Reign of God are seen? How do we, given the fears and prejudices of our imperfect natures, embrace the outcasts or provide hospitality for every stranger? Christians know what we are to be. What is not known or agreed upon is *how* we are to be that place of hospitality. This is the primary institutional problem: we are the Church, the sign of the Reign of God, but we are not yet fully reflective of that Reign, through which all shall be made alive.

Because we know we are “not yet,” we must also acknowledge that for the moment there are in fact outcasts and strangers, those whose behaviors place them outside the institution of hospitality. Thus the invitation to hospitality is not an acceptance of every kind of behavior.

The commission has struggled with yet another profoundly important question: what is health? Any notion of health that is to be taken seriously by Christians must include those convictions and conclusions that God, working through human experience, has revealed to be healthy for us. Salvation through Christ, or wholeness in Christ, is the larger conception of what health means to Christians. We never achieve the fullness of salvation, health or wholeness in our lifetime in this world that is, of course, the only world we have. We join all other persons in asserting that there are fundamental human rights to physical and mental health to which human commitment and ingenuity must be dedicated. We, therefore, make common cause in these things with all of the people of the earth.

Believing that there are fundamental human rights to physical and mental health, we asked further questions. Is there such a thing as sexual health? If so, is there a fundamental human right to such sexual health? These questions probably should be answered in the affirmative. Issues of human sexuality have been at the heart of our concerns during the past triennium. What would it mean to be sexually healthy from the point of view of Christian belief and ethics? With regard, again, to what we must use from the knowledge acquired from the human sciences—and it increases daily—knowing that it is a necessary but insufficient condition for our judgments, what do we know of the subject of healthy human sexuality from the Bible and from various Christian traditions?

The Christ whom we worship and in whom we find out true humanity was, according to our records, unmarried. Also, the early Church prized virginity as a central virtue. Many of those whom the Church honors as saints are unmarried persons. This aspect of the Church’s tradition does not provide examples of Christians in full sexual intimacy. The Christian heritage, however, provides examples of many ordinary Christians, both married and single, who do offer helpful and wholesome models of persons striving to live faithful sexual lives.

We can make, as has been said, common cause with those who seek to guarantee and afford human rights to physical and mental health. Can we also expect to find common cause with those others of our sisters and brothers who seek sexual health for us all? The answer to this questions is not so clear to us. We know that if our *rights* are clear, our *obligations* ought to be equally clear. Can we make claims about fundamental human rights that are not consonant with the claims laid upon us by Christian charity and the imperative under which we live to provide hospitality to every stranger, knowing that there can be no strangers in the Reign of God?

We have not been able to give mutually agreed-upon answers to our own deep-reaching questions, but we have tried to be informed and judged by them nonetheless. We have tried, therefore, in this report of the Standing Commission on Human Affairs and Health to balance what we know of God and God's salvation with what we can learn about human beings from every resource that we have had available to us, and we have tried to temper that—as, indeed, all persons must—with what our sisters and brothers claim, along with us, to be the fundamental human rights for all of us.

It is within the context of claims at once contradictory to, and consonant with, the claim of God upon us that we have tried to do our work. We have labored over matters of sexual conduct and relations, marriage and family, abortion, birth control (conception prevention), bio-medical research and experimentation, issues of “surrogacy” and human fertility, the disastrous spread of the contagion of acquired immune deficiency syndrome, institutional racism, and many others. What follows, therefore, we place before you for your earnest investigation, knowing that even as it lies before you, so it and we all carry our work before, and in the presence of, a merciful and just God whose reign is both already and not yet.

II. HUMAN SEXUALITY

Introduction

The primary focus of the Commission on Human Affairs and Health has been on various issues of human sexuality in the past triennium. The commission initiated a church-wide dialogue on these issues through the pages of *The Episcopalian*. Seven articles were published, written by various members of our Church, espousing differing points of view. It is important to note that each author is a dedicated Christian. The debate was vigorous, with responses ranging from reasoned arguments on all sides to emotional presentations defending or attacking a particular viewpoint.

The commission believes that the debate is perhaps even more important than the conclusions. The moral standards of our society are in flux. Old standards may yet prevail in the future. New standards may well be the traditional standards adapted and redefined to meet new circumstances, or they may be standards that will emerge out of new data and be specifically designed to speak to new circumstances. One thing of which we are certain is that yesterday's standards are being challenged profoundly in this generation. Some argue that this is so because this generation is immoral and must therefore be recalled to the moral patterns affirmed in the past. Others contend that new knowledge and new realities that people in the past did not have to confront are forcing new behavior patterns.

One change that needs to be evaluated is the drop in the age at which puberty commences. Studies reveal that this drop has occurred at the approximate rate of one year per century over the last 400 years. If nothing else had changed, this means that since the year 1600 four additional years have been added to the time of human life between puberty and marriage. That change by itself would have put new pressure on former behavior standards. There have been other changes, some of them quite dramatic. Higher and higher education demands for both men and women have combined to place upward pressure on the age for marriage. The age of puberty has been lowered and the age for marriage has been raised. The resulting gap of more than a decade between puberty and marriage, added to the advent of readily available, safe and effective methods of birth control, has been a major factor in fueling the movement toward sexual experimentation in the secular society. We may well debate how Christians might

deal with these realities and indeed we have. We cannot, however, debate these realities for they are the "givens" of our generation.

Other forces have added to the sexual revolution. The divorce rate has risen dramatically, creating a larger number of single adults. Both career-oriented and working women have become widely accepted, making marriage no longer the economic necessity that it once was for women. The presence of readily available birth control devices has, as noted above, separated sexual activity from procreation. These factors, most of which are new in this century, have placed enormous strain on the traditional concept of marriage, forcing that institution into new adaptations. At the very least, marriage is no longer considered necessary for every person. There is often less stigma attached to being single today. Dual careers in marriage have become rather ordinary. These are just a few of the societal changes that must be considered in defining moral standards.

The commission affirms marriage as the standard, the norm, the primary relationship in which the gift of human sexuality is to be shared. There was no debate among us on this issue. We are unanimous in affirming that the marriage relationship must be sacred and faithful. Part of our debate has focused on whether or not sexual intimacy can be called moral in any relationship other than marriage and if so, what the prerequisites would be for such a relationship. We did not reach consensus on this question as a commission.

We do observe, however, that new sexual patterns are widespread in this society and that the conventional moral stance of the Church proclaiming faithful marriage or celibacy as the only moral options open to a Christian has been weakened considerably in the practice of our people. Widespread practice does not make something moral, but it does raise questions as to why the values of the past have been so frequently abandoned. Furthermore, it suggests a full scale discussion of sexual ethics aimed at discovering standards to which the Church can be committed in theory and practice. *At this point the majority in our Church is committed to an attempt to call the society to the traditional sexual standards.* A significant minority, however, of this Church is convinced that the time has come to begin a process that will enable Christians to think through new moral and sexual options in the light of new realities. We expect that debate to continue, and we call on the Church to create an environment where this debate can seek the truth of God with integrity.

On the most volatile issue before us, the issue of homosexuality, there was once again no agreement by the commission as a unit. One key issue in this debate is the origin or cause of homosexuality.

The case of homosexuality is not within the full purview of the Church's competence. That is a domain to be shared with brain scientists, psychiatrists and immunologists. The Church in times past made moral judgments on left-handedness based on its faulty understanding of the cause of the phenomenon. The Church made judgments on the morality of suicide based on its limited understanding of mental illness. Both stands were substantially moderated when new scientific data forced new understanding. Some members of the commission believe that we are in a similar place today on the issue of homosexuality. Others are not certain. The commission has been made aware of significant new studies on homosexuality, produced by the United Church of Christ in 1972, and the Lutheran Church in America in 1986. Both argue powerfully for a new attitude in the Church toward homosexuality.

We expect and encourage this debate to go on within the Church and once again we plead with church leaders to create an environment in our common life in which this debate can proceed with integrity and rationality. The commission recognizes that the

General Convention resolution still operative in the Church affirms the historic condemnation by the Church of homosexual behavior. We do not believe that more resolutions will add anything positive to the debate. We are aware that the debate will be joined by many on local and diocesan levels. We believe that is where the debate should occur until there is a scientific consensus to inform our rational decision-making process. We believe that the Church should open itself to listen to its homosexual members—as many as wish to be heard and whatever their behavioral patterns may be—to allow our viewpoints to be challenged in honest dialogue with those Episcopal clergy and laity who are willing to talk to us about it.

This commission believes that truth is served by allowing that debate to continue with no attempt to mute it by premature pronouncements at the national level. We believe that local and diocesan pronouncements serve local and emotional needs and will continue no matter what the Church does nationally. It is our recommendation that on the national level we, with bold maturity, foster a significant dialogue and thereby enable a new consensus to emerge over time if appropriate. We believe that this would be a unique vocation for a national church body to undertake.

A. BACKGROUND

A leading background assumption for us is that all of us on the commission have lived through distinct phases of social valuing of sexual behavior. When we were younger, society seemed to be based on the Christian assumption that intimate sexual relations had corporate significance. Sex was honored inside the institution of marriage. Sex assumed the possibility of pregnancy. Pregnancy assumed the likelihood of birth. Birth assumed nurture in the context of a stable family. Therefore sex was understood in a corporate sense.

We then lived through a sexual revolution when the societal assumption was that sex was primarily an individual act between consenting adults. “The pill” meant that children did not have to be taken into consideration, nor did the family, nor did the institution of marriage. The corporate significance of sexual activity was minimized, and the individual’s fulfillment was maximized. Obviously, society’s sexual norms had parted company with the Church’s norms.

Now we are at an awkward moment when society’s sexual norms have resulted in some destructive consequences. Observing the AIDS epidemic and over 1.5 million abortions a year, society is painfully learning that sexual activity is not an individual matter. One has sex, with life and death consequences, with everyone who has slept with one’s sexual partner. Having almost lost a corporate sense of sexuality in the birth process, we now have rediscovered a corporate sense in the death process. We are once more realizing that sexual activity has both private *and* corporate significance.

B. AREAS OF HUMAN SEXUAL EXPERIENCE

In general terms, there are five areas of human sexual experience which we would like to address here: (1) marital relationships: intimate sexual relations between persons of the opposite sex united in marriage; (2) pre-marital intimate sexual relations; extra-marital intimate sexual relations; post-marital intimate sexual relations; (3) homosexuality: intimate sexual relations between persons of the same sex; (4) the AIDS epidemic; (5) abortion: the sacredness of human life.

(1). Marital Relationships

The commission is uniformly agreed that life-long, monogamous marriage is the normative or ideal context for intimate sexual expression between Christians. (This is covered in the above comments.)

(2). Pre-, Post-, and Extra-Marital Relationships

We are also agreed that extra-marital intimate sexual relations are immoral because they violate the sacred commitment of the marriage bond and do violence to marriage as the symbol "of the mystical union which is between Christ and his Church." It is not too much to say that intimate extra-marital sexual relations are a form of idolatry for Christians.

With regard to pre-marital and so-called post-marital intimate sexual relations, we reaffirm that Christian marriage is the normal or ideal context for moral intimate sexual relations.

Obviously some of these pre- and post-marital intimate sexual relationships intend to mirror, at a significant level, the faithfulness of marriage. Some of them surely have the potential to be life-giving and not life-draining. However, a widespread and increasing number of these relationships appear to us to witness more to promiscuity than to fidelity, and when they do they move both Church and society away from a sacred commitment. Therefore, we cannot recommend that they be affirmed by this Church as acceptable relationships.

(3). Homosexuality.

In the Church there are, perhaps, two distinct, popular concepts about homosexual persons. The first concept is relatively simple and emphatically moral. In this first concept a homosexual person is someone whose humanity is considered to be sexually perverted, and thus the homosexual person is given to unnatural sexual acts which are immoral in light of the Scripture and the Church's teaching.

In the other concept, the homosexual person is someone whose humanity is not fully appreciated or understood by the Church, and thus there is an uneasiness to render ultimate moral judgments. Upon investigation one might find that there is no such thing as "a gay lifestyle." There may be about as many "life-styles" among homosexuals as among heterosexuals. Some homosexual persons are promiscuous, some have serial relationships, some are dating and looking for a secure life partner, some are in committed, responsible same-sex relationships, some "cheat" occasionally, some are deliberately celibate, some have been so traumatized by sexual matters that they are impotent.

This brief attempt at an overview is further complicated because some people have homosexual encounters in younger years and later lead distinctly heterosexual lives. Others go through an episode of homosexual behavior and then make a transition to heterosexual behavior. Still others are people who have been married for decades and finally come to the conclusion that they are essentially homosexual. Some people are in heterosexual marriages and have homosexual relationships on the side. Some have been in committed same-sex relationships and later left to be married to heterosexuals. The variety is overwhelming.

The panorama is complicated further by assumptions surrounding the genesis of homosexual persons. Some say homosexuals are defective from birth. Others postulate that homosexuality is the result of arrested maturity. Others claim that homosexuality is a gift from God and thus good. Some are convinced that homosexuality is chemically determined and irrevocable and therefore natural. Some assume that homosexual persons are the result of environment and predatory seduction.

This commission finds the subject of homosexuality to be vastly complicated and to require openness and willingness to understand before establishing ultimate moral

judgments. Obviously all sexual behavior stands under the judgment of God as well as containing the potential of being part of the completeness of creation.

Before stating the mind of the Church, the best understanding of the situation is called for. The Commission on Human Affairs and Health implores this Church to gain new wisdom about the lives of the people who are homosexual. Be alert to the questions of the genesis of homosexuality. Ask homosexual people about the Creator who created them and their understanding of the intention behind their birth. In hearing a homosexual person speak of his or her pilgrimage, try to locate on the broad map of possibilities where this person is. Seek to hear the moral code that is at work in this person's life. Pay attention to the richness of love in the lives of some homosexual persons. After such inquiry then be about our own judgment of the sin or sanctity, natural or unnatural behavior of the homosexual person.

Currently, hostilities toward homosexual persons in our society are rising. This can be seen most clearly in the doubling of "gay-bashing" incidents between 1985-86 and 1986-87. The Commission on Human Affairs and Health deplores the patent misuse of Scripture sometimes employed by perpetrators of this crime. The "bashing" of homosexual persons, physically, spiritually, or emotionally "in the name of God" is clearly in conflict with the comprehensive spirit of Jesus Christ as manifest in the Gospels.

The use of passages of Scriptures such as Leviticus 20:13 to justify such immoral and illegal behavior is clearly abhorrent to both the spirit and the letter of Jewish and Christian Scripture. Such behavior must be rejected by thoughtful Christians, and we hope that this 69th General Convention will take the opportunity to state its mind on this issue.

In its 1976 General Convention Resolution (#A-69), the Church acknowledged "that homosexual persons are children of God who have a full and equal claim with all other persons upon the love, acceptance and pastoral concern and care of the Church." What many homosexuals never received in their nuclear families, to wit, a compassionate ear, needs to be provided them within the Body of Christ. The homosexual issue must be approached, first of all, as a family issue by the Church. If it is approached as sickness, or an issue of evil, or as a perversion, the conversation never emerges to the fully human level.

In 1948, Dr. Kinsey and his colleagues concluded ". . . that 10% of the males are more or less exclusively homosexual for at least three years between the ages of 16 and 55." (Kinsey, et al, *Sexual Behavior in the Human Male*, Saunders, Philadelphia, 1948, page 651.) However, if we accept homosexuality as an issue in which tens of thousands of our own members are involved, then the question for our family is, "How can thousands of our parents go about nurturing and loving their homosexual children?" And, "How can our Church help families with homosexual members to enjoy the grace of family life?" At present young homosexual persons are frequently disowned by their parents, shunned by their churches, and flee to ghettos where a high rate of suicide and alcoholism exists. The Church plays a role in this road to annihilation. "What role should the Church play?" is our question.

A slogan frequently used among heterosexual Christians when speaking of homosexuals is, "I hate the sin, but love the sinner." However, when questioning the homosexual about how "loved" he or she feels by these slogan-wielding Christians, one discovers that almost never is this "love" felt. Almost always the homosexual describes the feeling of being hated at worst, and pitied at best. Never loved!

The Commission on Human Affairs and Health challenges this Church to

suspend—just for a moment—the ancient judgments against our present homosexual Episcopalians and simply allow them to tell the stories of their lives. When did they realize or fear that they were homosexuals? What was the reaction of their parents? The reaction of their Church? What is the price they have paid? What are their hopes within the Church? We realize that this is an ambitious and, perhaps, threatening task. But it can be done, and if it were, the Body of Christ would be far less estranged. The cry for justice would begin to be heard. It is not a matter of “coming out of the closet” or “staying in” but a matter of finding another room where we can talk. That room must be found.

The commission is not ready to take a position on the blessing of same-sex couples. This question does raise a myriad of other questions, such as the meaning of marriage, the meaning of blessings, the origin of homosexual orientation, etc. We do not think that homosexual Episcopalians need or deserve another rejection at this moment. Instead, this moment cries out for us to find a non-judgmental occasion to listen and talk and to lay aside, for a while, our chronic adversarial posturing.

Then there is the matter of moral standards operating within the community. Heterosexual Christians fault homosexual Christians for having no operative ideal or norm in regard to sexuality. “Rampant promiscuity!” On the other hand, the homosexual community faults the heterosexual community for exalting a high moral standard in regard to human sexuality, and then abusing it conspicuously. “Total hypocrisy!”. Both sides shout accusations that can be defended quite easily. But where does it lead? Only to a louder shouted restatement! What is needed now is an effort to hear each other and move toward mutual reformation.

The commission realizes that the word “homosexual” is a volatile word, a pejorative word for many (but not all). Therefore we encourage the Church to begin to say “a homosexual person” (rather than “a homosexual”) in order to take a first step toward honoring the God-given, sacred personhood of our homosexual brothers and sisters, sons and daughters.

The Commission on Human Affairs and Health is calling at this time for the Church to live up to its own mind as expressed in the 1976 Resolution (#A-69) “that homosexual persons are children of God who have a full and equal claim with all other persons upon the love, acceptance and pastoral concern and care of the Church.”

Resolution #A085

Resolved, the House of _____ concurring, **That this 69th General Convention decries the increase of violence against homosexual persons and calls upon law enforcement officials across the land to be sensitive to this peril and to prosecute guilty persons to the fullest extent of the law.**

C. AIDS EPIDEMIC.

As of September 1, 1987, approximately 24,000 people in America had died of AIDS. By December 31, 1991, it is estimated that 190,000 people will have died of AIDS (projections by the Center for Disease Control). It is abundantly clear that far more lies ahead of this Church in the AIDS epidemic than is behind us. Therefore, this report is an effort to help this Church imagine what might lie ahead by examining where we have been.

At this moment in the world:

1. Most estimates suggest there are between 1.5 and 3 million people infected with the AIDS virus in the U.S.

2. Central Africa, Brazil and the United States are hardest hit, but AIDS has been identified in 127 of the world's 159 countries (World Health Organization, May, 1987).
3. As yet, no vaccine has been proven effective, although some vaccines are in the first stages of testing. Mutations of the virus and new levels of infection continue to increase.
4. In some parts of the country already there are heavy financial burdens to hospitals, public health agencies, insurance companies, and businesses (losing employee work hours and skills).
5. Adequate housing for people with AIDS and finding enough hospital beds has been impossible even at this early stage of the epidemic.

In the future:

Throughout the world, regular estimates by the World Health Organization predict that between 50 and 100 million people might be infected by 1990, and by 2000 that might expand to 100 to 200 million.

As a consequence, the internal structure of many countries may be put in jeopardy. Hospitals and insurance companies, without help, could collapse. Businesses, losing valuable employees, will be threatened and will certainly drop in efficiency. These few examples point to the prospects of destruction on an intolerable scale.

At this moment in the Church:

1. No statistics are available, but across the Church there are reports of AIDS deaths among our clergy, laity, parish officers and religious.
2. In response to the 1985 General Convention, there has been a spirited response to address the issue, by the Presiding Bishop, by the Executive Council and its staff, at the diocesan level, and in numerous parishes and missions.
3. The first and strongest response came from many of our homosexual members, who have led this Church in providing pastoral care for the afflicted, necessary education for those in risk groups, and mobilization for others to face the disease.
4. The Episcopal Church has taken the lead among various religious traditions, and we are looked to for cooperation and for continuing leadership.

In the future:

1. In some parts of our Church, a significant percentage of our leadership could be wiped out by this epidemic as clergy die, as seminarians, as vestry members, as musicians, as people in religious orders die.
2. We will have to face the doubly hard adjustment to a loss of some of our leaders, plus the "stigma" of AIDS.
3. Some parishioners may be tempted to divide themselves into "those who are AIDS sympathetic" and "those who are AIDS hostile."
4. We will be challenged to understand homosexuality more clearly as we bury our friends.
5. Beyond the issue of "safe sex," the Church will need to encourage fidelity among same-sex couples and reassert the meaning of "sacred sex."
6. AIDS could become as high a priority in rural and suburban parishes as it is in urban parishes.
7. Clergy and laity will need special training and support from national and local task forces created to respond to the pandemic proportion of AIDS. Burnout will be a constant threat.

8. Our Church, which has only spoken in pastoral terms, is going to experience more and more pressure to take an advocacy role; e.g., as of December 1, 1987, over 550 pieces of pending legislation on AIDS issues face state and federal legislators.
9. As the number of deaths increase, there may be a growing pressure to quarantine high risk groups and violate basic civil liberties.
10. The world will look harder at the Church, because the Church makes claims about the meaning of death. The world will be searching for the hope of resurrection that is in us.

The commission believes that the best service we can offer to the Church is to provide a description of the AIDS epidemic to date and to issue a solemn warning about the predictions of the future. At the last General Convention, AIDS was a disease that had touched a small section of our Church. Three years later, every diocese has been touched. Three years from now, it is possible every parish, mission, and institution will have felt the impact of the epidemic. Because of the outpouring of concern by this Church up to now, we are confident that the Episcopal Church will stay alert, caring and courageous in the future as we follow in the passion of our Lord Jesus Christ; "that I may know him and the power of his resurrection, and may share in his sufferings, becoming like him in his death, that if possible, I may attain the resurrection of the dead" (Philippians 3:10-11).

Resolution #A086

Resolved, the House of _____ concurring, **That this 69th General Convention commend those homosexual persons and others who have witnessed to us all in their caring for AIDS victims.**

D. ABORTION: SACREDNESS OF HUMAN LIFE.

The 1985 General Convention approved Resolution A085a, which "requested the dioceses to initiate studies of the pastoral, personal, sociological, and theological implications of abortion; commended the Church's official position adopted at Conventions in 1976, 1979, and 1982; suggested study of the Bishops' Paper, "Theological Reflection Paper on Abortion"; and directed the Standing Commission on Human Affairs and Health to receive information from the studies"; (from *Summary of the Actions of General Convention, 1985*).

During the triennium between 1985 and 1988, the Commission on Human Affairs and Health has: (1) gathered pertinent statistical information concerning abortion; (2) gathered opinions throughout the Episcopal Church on the subject of abortion; and (3) engaged in an ongoing conversation on abortion. In this report we want to offer the results to the Episcopal Church in General Convention, 1988.

Pertinent Information concerning Abortion.

LEGAL STATUS OF ABORTION IN THE UNITED STATES SINCE 1973

On January 22, 1973, the U.S. Supreme Court in two decisions, *Roe v. Wade* and *Doe v. Bolton*, invalidated the abortion statutes of the 50 states and ruled that:

- (1). In the first trimester (up to 13 weeks) the only restrictions allowed the state is the choice of requiring that a licensed physician perform the abortion;
- (2). After the first trimester, the state may require that the abortion be done in a licensed facility but is constitutionally barred from requiring a hospital (as opposed to a clinic) review of the decision by a committee, or concurrence of the decision by a second physician. (Bolton, pp. 14, 15, 17, 19)

- (3). After viability (the ability to survive outside the womb), described by the Court as “usually seven months,” the fetus is legally not a person “in the whole sense” but recognizable as a “potential life.” (Wade p. 48) The state may not, however, legislate to protect the unborn child even from seven months to term if the mother’s health is endangered. “Health” is defined as “exercised in the light of all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the wellbeing of the patient. (Bolton, pp. 11-12) An abortion may be done legally for emotional, social or economic reasons to nine months of gestation.

RELATED U.S. SUPREME COURT DECISIONS

- Requirement of spousal and parental consent was ruled unconstitutional.
- Prohibition of late saline abortion (to increase fetal survival) was ruled unconstitutional. (Planned Parenthood v. Danforth) (428 US 52, 1976)
- Viability is determined solely by the physician performing the abortion. (Colautti v. Franklin) (429 US 379, 1979)
- The state is not required to fund abortions. (Harris v. McCrae) (448 US 297, 1980)
- “Informed consent” is not required.
- A waiting period is unconstitutional.
- Mandatory hospitalization for second trimester abortions is unconstitutional
- Requiring “humane” disposal of fetal remains is unconstitutional (City of Akron v. Akron Center for Reproductive Health) (101 S. Ct. 2481, 1983)

SOME CURRENT STATISTICS ON ABORTION

- There were approximately 1,550,000 abortions in the U.S. in 1983, the last year tabulated, (Alan Guttmacher Institute, Planned Parenthood Federation of America), slightly more than 4,200 daily. Of these about 10% (150,000 to 160,000) were second and third trimester (over 13 weeks), and 1% (13,000 to 15,000) were performed at 21 weeks or later.
- Survival rate of premature infants (25 to 35 weeks) has increased dramatically in the past decade. At Vanderbilt Hospital University of Tennessee (1978-81) 39% of 500—750 gm. (1 lb. 2 oz.—1 lb. 10 oz.) infants survived and 69% of 751—1000 gm. (1 lb. 10 oz.—2 lb. 3 oz.) infants survived. (JAMA, vol. 250 No. 3, August 5, 1983)
- Dr. Willard Cates, chief of abortion surveillance at the Center for Disease Control, estimates that late term abortions result in 400-500 live births per year. (Pulitzer Prize winning article in the *Philadelphia Inquirer*, August 2, 1981)
- Prior to 1967 abortions were illegal and reporting of statistics was erratic.
- There were 190,000 abortions for 3,731,000 live births in 1970, (when 16 states had liberalized abortion laws); 900,000 abortions for 3,160,000 live births in 1974 (at the end of two years following the U.S. Supreme Court decision); 1,550,000 abortions for 3,614,000 live births in 1983 (or approximately 1 abortion for each 2.3 live births).
- Maternal mortality from abortion in the U.S. (illegal and legal has declined as follows:

1940	1,679
1950	316 (penicillin available in late 40s)
1960	289
1967	160 (first state legalization)
1970	128
1973	43 (U.S. Supreme Court decision)
1977	21
1981	8

(National Center for Health Statistics, U.S. Bureau of Vital Statistics)

Percentage of Total Number of Abortions by Age Group

Age				
	Under	15	1%	
	15 through	17	11.2%	
	18 through	19	16.3%	(Teens 28.5%)
	20 through	24	35.3%	
	25 through	29	20%	(20's 55.3%)
	30 through	34	10.6%	
	35 through	39	4.4%	(30's 15%)
	Over	40	1.3%	

- Marital status: unmarried 81.1% married 18.9%
- Race: white 70.2% non-white 29.8%

(All Guttmacher Foundation Institute, 1981)

- Repeat Abortions: 39% of women have had one or more previous abortions (up from 15% in 1974) (black women 638 abortions/1000 live births, white women 337 abortions/1000 live births)

Information Gathered through the Episcopal Church.

In the past year we have heard from 18 (out of 118) dioceses, which, in turn, heard from hundreds of clergy and tens of thousands of lay persons collectively. In addition, several individuals submitted papers, some diocesan task forces used our abortion questionnaire, others developed their own questions, some used dialogue sermons, others used case studies, some submitted reports from former years, others submitted former diocesan resolutions, most all were encouraged by their ability to differ with one another creatively, and others found there wasn't much energy for the subject. All responses were helpful and were appreciated. We requested that all respondents make their comments in light of the 1982 General Convention's resolution on abortion. What follows is a summary of these responses.

The 1982 Abortion Resolution and How It Represents
The Episcopal Church

Response to the Resolution

Most of the people interviewed supported the major thrust of the resolution. Dissenters argued that when "permission" is given for abortion, it seems to imply "recommendation for" abortion. Also, there seemed to be an implication in the resolution that all potentially disabled babies should be aborted. Parents who have raised seriously disabled children in loving families and found the experience to be fulfilling made strong objections.

Beyond these entirely understandable criticisms, there was widespread agreement with the resolution. Also, it should be noted that many lay persons and some clergy were surprised to discover that the Episcopal Church has a resolution on abortion. Most people had never seen the text of the resolution prior to their task force work.

There was a general feeling of frustration because of vagueness and lack of clarity in the resolution. It seemed, to respondents, to be a thoughtful and inoffensive statement that is not being used by the Church in the real occasions of distressed pregnancies.

The resolution cites three categories where abortion could be justified as a moral option. (These three categories are estimated by the U.S. Senate Judiciary Committee to account for less than 4% of all abortions.) The resolution calls for priests to be con-

sulted in other cases, but our priests have discovered that few women or couples seek their counsel. These indications suggest the resolution might be of minimal practical assistance.

The 1982 Abortion Resolution in Its Context

After reading all of the responses it became clear that abortion situations do not have a present-time only, but a significant past and future. Long before an individual struggles with a distressed pregnancy, there is the crucial formation of a Christian individual's sexual morality. One's understanding of an immediate decision about abortion is tied to a previously formed value system. Furthermore, an abortion that takes place now will probably have physical, emotional, and spiritual significance in the future. This later moment has proven to be the occasion when priests are most sought out for counseling. The entire context of abortion was addressed in the various diocesan task forces' responses.

Episcopalians represent only a small percentage of those directly affected by the exploding abortion statistics. Ours is not the only church that has been touched by the sexual revolution. Nevertheless, no diocese reporting seems to be content with our current status in regard to the formation of sexual values. Task force after task force ended up at the same place, pleading for the Episcopal Church to get on with a critical examination of our sexual values and a clear redefinition. Also, we kept hearing diocesan task forces say that it was encouraging for them to struggle over these issues, and this gave them hope. It can be done. Furthermore, as almost everyone went back to the awe and wonder of birth and the potentially redemptive joy that can be found in marriage as the starting point for such a restating of sexual morality.

In the meantime, the quietly transmitted sexual values of the Episcopal Church received from earlier generations seem light years away from our people who are conceiving babies.

Persons Facing an Abortion Decision

The explosive number of abortions suggest that the multiple, sobering results of abortion are not given adequate consideration prior to intimate sex. No one claims that an abortion is a pleasant or a desirable experience. As a matter of fact, there are countless stories of sorrow associated with abortions. Yet millions of men and women invite this possibility by knowingly exposing women, through sexual activity, to the trauma of abortion. Then what kind of assumptions about abortion have been involved in the increased sexual activity in our country? The "guesses" we received included such assumptions as: "individual sex acts have no far-reaching consequences," "abortion is a simple, clinical process," and "abortion is a last resort means of covering birth control and lack of self-control." The report from one diocese lamented that real knowledge of abortion came after the fact but should have been provided before the fact: "We need to develop in advance a process which recognizes the enormity of the decision that will have to be made later." The implication here is that if the Church ever develops a clear and explicit curriculum on human sexuality, the realities of abortion will have to be included.

Many diocesan task forces had trouble with the resolution because its weight seems to be primarily on the situations where abortion is "permissible" without mentioning that it is "permissible" to give birth and to look into other options of care for the new baby. Almost unanimously, diocesan task forces wanted the couple or woman ultimately to make the decision to abort or not in a noncoercive atmosphere. (The one exception was in the case of a couple who wanted a boy and discovered that they were going to

have a girl. In that case the task force would counsel the couple to give birth.) Nevertheless, there is a sense among some task forces that there is in the present resolution an implicit recommendation to abort and a lack of encouragement to explore other alternatives in a responsible way.

Physical, Emotional, and Spiritual Life after Abortion

Some dioceses asked the Church to be clear about the physical harm that might come to a woman after one or several abortions. If the reproductive health of a woman is impaired after two or three abortions, then young women in the Church should know it.

Emotional health was mentioned mostly by clergy. Despite the fact that the resolution encouraging women and couples to seek out a priest, few priests are actually consulted when an abortion is being contemplated. A larger number of priests acknowledged that they were sought out by women who had had abortions in prior years and who suffered lingering regret and guilt. There was widespread concern that the resolution had sadly and seriously abbreviated the spiritual ministry that should be available in abortion situations. The resolution merely says, “. . . where appropriate, penance.” That is overwhelmingly seen as an inappropriately abrupt response. When a couple or woman chooses to have an abortion, they or she are in the midst of spiritual questions of considerable magnitude. They need the full ministry of the Church. They need a caring community, they need counsel, and they need the sacraments of the Church. The sensitivity of the Church needs to be available without prescribing certain behavior or forcing penance. This is a delicate but necessary challenge. It appears from diocesan reports that though many people need this ministry from the Church, few receive it. The Church may be the last place those traumatized by abortion go for support. Again, the Episcopal Church must be explicit as to what it offers people who are going through the difficulties of an abortion.

The Commission's Ongoing Conversation about Abortion

The first question that the commission had to wrestle with was, “Why should we get involved again in the abortion issue?” Many Episcopalians have never seen the abortion resolution of 1982. The resolution appears to be of little or no significance to distressed people faced with pregnancies. Every time the Church speaks up on abortion, a furor ensues. The resolution seems to be an effort to “stand up and be counted” without offering anything that counts in the real situations of abortion. So why pursue it one more time? Our response goes beyond the duty of obeying a directive of General Convention to discuss this work. Some of us are passionately involved in women's rights, in Planned Parenthood, and in pro-life issues. We genuinely care. Furthermore, we feel that our Church has not adequately met the challenge of today's abortions. We want to move ahead and assist the Church in being responsive. We also want to see abortion as one piece in the great mystery of human sexuality.

The thinking on abortion continues to evolve, and this issue is subject to forces of both a private *and* corporate nature. On the one hand there is a strong desire to allow the individual woman to decide for herself on abortion issues; on the other side there is a strong sense that the corporate fabric of society is being threatened by more than a million and a half abortions each year.

We recommend that each diocese of the Church appoint a commission or task force to carry on this work, and to these commissions and task forces we make the following recommendations:

Recommendation: That education about abortion be included with the study of human development and prenatal human development in sex education programs. This

curriculum should be as clear and practical as possible about the full context of abortion. The educational material needs to be explicit about the physical realities of risk in various types of abortions and after more than one abortion.

Recommendation: Other means of providing support for the distressed woman or couple in a pregnancy than encouraging only counsel with the priest are needed. We would like to see abortion counseling workshops for clergy, or workshops for lay pastoral teams available in abortion crises.

Recommendation: That we begin listening nonjudgmentally to the stories of people who have faced the abortion issue. Ways have to be established for the Church to listen and learn and discover how to be of greater pastoral help.

Recommendation: That the Church develop a list of options available to people in distressed pregnancies and present such options fairly.

Recommendation: If a woman of this Church gives birth in a distressed pregnancy or if she has an abortion after godly counsel, that woman and her family should have access to the full sacramental life of this Church, including the Eucharist, anointing with oil, and other rites and pastoral support as may be deemed appropriate.

Recommendation: A General Convention resolution on abortion by itself is of little practical use unless it is taken to the local congregation for discussion. We found that in diocese after diocese the people serving on abortion task forces did change and deepen because of their struggle with the General Convention resolution. As a resolution it has little effect; as the basis for a curriculum it can be enlivening.

Recommendation: That we state clearly that this Church rejects "abortion on demand."

Recommendation: When theological language is applied to abortions, the key focus should not be on trying to pinpoint the sin or to identify the sinner, but should center on what is redeemable in a broken situation.

In addition, we want to thank the "pro-choice" and the "pro-life" people in our Church for caring. This Church has needed your passion and your wisdom, and you have offered these virtues. You have helped to keep the Church awake to a critical matter of life and death, and you have voiced cries that need to be heard. This commission salutes you.

Resolution #A087

Resolved, the House of _____ concurring, **That this 69th General Convention set forth the following principles and guidelines with regard to the termination of pregnancy in the light of our understanding of the sacredness of human life:**

1. All human life is sacred. Hence, it is sacred from its inception until death. The Church takes seriously its obligation to help form the consciences of its members concerning this sacredness. Human life, therefore, should be initiated only advisedly and in full accord with this understanding of the power to conceive and give birth which is bestowed by God.

Therefore, we reaffirm the position of previous General Conventions which points out clearly the Christian's duty to practice responsible family planning.

2. In those cases where the person or persons concerned are contemplating the termination of pregnancy, this Church's members are urged to seek the advice and counsel of members of the Church community, and where appropriate, its sacramental life.

3. Whenever members of this Church are consulted with regard to a proposed termination of pregnancy, they are to explore, with the person or persons seeking advice and counsel, alternative courses of action.

4. We rejoice that there are couples who have borne, loved and cared for seriously disabled children. Nevertheless, we also reaffirm the position of this Church, stated first at the 62nd General Convention in Seattle in 1967, which allowed the moral option for termination of pregnancy in specific instances (i.e., serious threat to the health of the mother, or where there is substantial reason to believe the child would be born with serious disability in mind or body, or where the pregnancy has resulted from rape or incest). The decision to terminate pregnancy in those instances properly belongs to the couple, in consultation with their physician and the Church.

5. We acknowledge that abortion always has a tragic dimension. We are aware of the thousands of abortions that occur beyond the time of viability, and we deplore the number of abortions. Nevertheless, we believe that legislation prohibiting all abortions will not address the root of the problem. We therefore express our deep conviction that any proposed legislation on the part of national or state governments regarding abortion must take special care to see that individual conscience is respected, and that the responsibility of individuals to reach informed decisions in this matter is acknowledged and honored, and must also provide expressly for the possibility of abortion in specific instances (see paragraph #4, above) where the decision to abort has been arrived at with proper safeguards against abuse, and/or where it has been clearly established that the health of the mother is threatened.

Resolution #A088

“Abortion for Convenience”

Resolved, the House of _____ concurring, That this 69th General Convention state that this Church emphatically opposes abortion as a means of birth control, family planning, sex selection, or for any reason of mere convenience.

Resolution #A089

Regarding Education on Human Sexuality

Resolved, the House of _____ concurring, That this 69th General Convention call to the attention of the Church the study guide, “Sexuality, A Divine Gift,” prepared by the Executive Council staff; and be it further

Resolved, That we commend the Executive Council staff for the work done in preparing this study guide; and be it further

Resolved, That we call on the Presiding Bishop and the Executive Council to continue this effort and to provide and promote the use of additional materials on human sexuality, birth control and family planning for all age groups as part of this Church’s ongoing Christian Education curriculum; and be it further

Resolved, that abortion education be included in the Church’s education curriculum and that these materials be explicit, with a full understanding of the physical realities and risks involved in abortion; and be it further

Resolved, that we encourage the members of this Church to give strong support to responsible local public and private school programs of education in human sexuality.

Resolution #A090

Regarding Other Resources on Human Sexuality

Resolved, the House of _____ concurring, That this 69th General Con-

vention commend for use throughout this Church the Lutheran study guide, "A Study of Issues Concerning Homosexuality: Report of the Advisory Committee of Issues Relating to Homosexuality" (Copyright 1986, Division for Mission in North America, Lutheran Church in America).

Resolution #A091

Regarding the Church's Understanding of Human Sexuality

Resolved, the House of _____ concurring, **That this 69th General Convention direct the Executive Council to begin to compile a booklet setting forth what this Church has said and taught through General Convention during the past two decades regarding all the issues relating to human sexuality, and to include in such a booklet a bibliography of recommended resources for the further study of those issues; and be it further**

Resolved, **That this booklet be published following the 70th General Convention, thus allowing the studies currently underway to be completed and appropriate action in response to them to be taken by the Convention.**

One final word on human sexuality from the Commission on Human Affairs and Health. We are hopeful. In our conversations about human sexuality we have disagreed and fought and compromised and prayed and listened and searched Scripture, and in the end we feel alive and diligently intent upon an important mission. In the midst of pornography, AIDS deaths and myriad abortions, there is an urgency in our commitment to Jesus Christ compelling us to proclaim that life is sacred and human sexuality has the potential, not only for procreation but also for a full expression of love and understanding. We are called to draw lines and to discern and make judgments, but these are understood, not as life denying decisions, but as giving emphatic clues defining the grace areas of life as well as the danger areas of human fallenness. Only Jesus Christ brings life eternal as he shares his full divinity. Our frail, delicate sexuality rests in his mercy.

III. MARRIAGE

The 1982 General Convention approved Resolution A-69, which called for each diocese to establish a special commission on marriage, and asked that these special commissions report to the 1988 General Convention through the Standing Commission on Human Affairs and Health.

In response to our request two years ago, fifty-four responses were received from dioceses in the Church. Of that number thirty indicated that they do *not* have a special commission on marriage as called for in the 1982 resolution. Twenty-four dioceses indicated that they *do* have such a commission. Of the twenty-four that indicated that they do have such a commission on marriage only nine further indicated that their commission is making use of the report on marriage in the 1982 Blue Book. These dioceses are the following: California, Chicago, Colorado, Connecticut, Eau Claire, Idaho, Newark, North Carolina, and Springfield. Of the dioceses indicating that they made use of the report the following dioceses sent documents reflecting the scope and nature of their studies: California, Chicago, Eau Claire, Missouri, and Newark. The dioceses of California, Connecticut and North Carolina have offered us thorough studies that we believe to be widely usable.

The questionnaire which was to be sent in no later than May 20, 1987, asks three specific questions. What follows is a repetition of the questions and a characterization of responses received to each question. (1) "What does the Church's doctrine of marriage have to say with regard to physical, spiritual and emotional intimacy outside of

marriage?" Generally, the responses noted the lack of intimacy in marriages. Various cited are appeals to "biblical," "traditional" matters as normative for us, and assertions that marriage is to be considered as only possible between a man and woman. Some say that the Church's doctrine has "nothing" to say. Others cite problems of "single parenting." (2) "What are the crucial questions about marriage that the Church must be addressing and giving attention to at this time?" It is plain to many that what is needed is for the Church to support families, to improve pre-marital counseling, to "stress education concerning second marriages," and to address "family grief in marriage breakups." (3) "How is the institution of traditional Christian marriage changing?" It has been claimed by some that contract has replaced sacrament, that marriage increasingly is a matter of "social-economic trappings," that increased longevity of persons has resulted in longer marriages, that marriage no longer "inaugurates sexual activity," that increasingly couples are sharing in the responsibilities of the home, that many more women are working full time, and that birth control methods have transformed some traditional notions of Christian marriage.

As members of the commission we have puzzled among ourselves as to why so relatively few dioceses have indicated organized activity on their part attempting to deal with an issue so widely claimed—as that of Christian marriage is—to be crucial. Our puzzlement about this deepened in the light of our having extensive evidence, especially from some bishops, of widespread concern about matters of human sexuality. If Christian marriage is as important as many (rightly) claim it to be, why is it, we have wondered, that seemingly so little is being done to strengthen it?

This commission once more commends the material on marriage prepared for the 1982 General Convention (Blue Book - 1982, pages 134-140). It is still most timely and proposes a useful outline for dioceses and congregations to do significant work in strengthening the institution of marriage.

IV. INSTITUTIONAL RACISM

The practice of racism is contrary to the Christian faith. It is a denial of the essential value of all people and, therefore, is a violation of the goodness accredited to life by God.

Racism is most succinctly defined and understood as any individual or institutional attitude or action that subordinates a person or group because of race. It is also acknowledged that, both consciously and unconsciously, racism is enforced and maintained by the governmental, legal, cultural, religious, educational, economic, political, and military institutions of society.

The Standing Commission on Human Affairs and Health in past years called institutional racism "a persisting scourge." It is pervasive and it is insidious. Recent events that have occurred in cities and on university campuses across the country warn of the escalation of this scourge.

The Episcopal Church, in General Convention, has adopted resolutions opposing discrimination and racism within the Church and society and calling for actions to combat the evil. We need to remind ourselves of that record, which is not insubstantial. The 57th, 60th, 61st, 62nd, 64th, 66th, 67th and 68th Conventions adopted such measures.

In 1979, the 66th General Convention passed a resolution calling for the Executive Council to design and implement an affirmative action plan for nondiscriminatory employment within the Episcopal Church, affecting both clergy and lay persons. The design was to be completed and implementation begun by January 1, 1981, and reported to the 1982 General Convention. The Executive Council appointed a Task Force on Affirmative Action in 1980. The task force met several times in 1981 and

presented to the Annual Meeting of the Executive Council in February, 1982, an Equal Employment Policy and Affirmative Action Program for ECUSA. It was adopted. In 1982, the 67th General Convention passed resolutions (1) adopting the Executive Council's affirmative action plan to cover employees, committees, commissions, boards and agencies of the General Convention and the purchasing of goods and services by General Convention, and (2) supporting programs of education and public witness on affirmative action.

In response to the 66th General Convention resolution in 1979 calling for the Executive Council to use its existing program resources to design programs to assist dioceses and congregations to combat racism, the Coalition for Human Needs sponsored a National Conference on Racism in February, 1982. Fifty-seven dioceses were represented. The Coalition has reported that 41 dioceses and regional groups developed programs and strategies, at the conference, to combat racism. Approximately 14 dioceses and regional groups have voluntarily reported to CHN serious steps on the implementation of their programs, i.e., local conferences, establishment of diocesan commissions on racism, adoption of affirmative action policies, racial audits, appointments to diocesan committees, allocation of monies in diocesan budgets, etc.

In 1982, the 67th General Convention requested every diocese and local congregation to create a Committee on Racism with assisting material to be provided by the staff of the Episcopal Church Center.

Finally, in 1985, the 68th General Convention adopted a resolution requesting the dioceses "to establish Affirmative Action procedures, using as a basis those procedures adopted by the 67th General Convention for the Executive Council, the General Convention, and the interim bodies of the General Convention." The dioceses were also requested "to report annually their participation in such procedures to the Executive for Administration and to the Committee on the State of the Church, using a form prepared by the Personnel Committee/Department of the Executive Council."

Clearly the *legislative* record of the Episcopal Church on racism is impressive. Implementation of these several resolutions, however, has left much to be desired.

After nearly a year of travel and listening, Presiding Bishop Browning stated in his message to the Executive Council in November, 1986, that "no greater challenge faces the Church than that of racism The struggle is with the pernicious evil of institutional racism. The greater question before us is not necessarily how we support the anti-apartheid forces in South Africa, but how will we confront the racism that pervades all human society? Are we prepared to work for a United States and a world where all people of every color are enabled to play an equal part, or will we continue to view non-whites as expendable at points of political and economic forces?" In the same message, Bishop Browning specifically identified the General Convention resolution of 1982 dealing with committees on racism and the resolution of 1985 dealing with affirmative action procedures throughout the Church and promised their implementation "as a mark of my intention to address the issue of institutional racism and to have the Episcopal Church set an example."

As a concrete example of his intention to be proactive, last September 16th the Episcopal Church Center building was closed and Bishop Browning and the entire staff engaged in an all-day training session on institutional racism. Entitled "Healing the Racism in Our Community," the day's program was the first step in bringing the Church as a whole to examine and address the racism in its midst.

Furthermore, in his address to the House of Bishops on September 26, 1987, the Presiding Bishop enumerated the eight Mission Imperatives that will guide his leadership. In discussing Imperative 5—Justice and Peace, Bishop Browning said:

. . . I believe that it is our Christian duty to strive for justice and peace among all people, and that we have a special call to respect the dignity of every human being. Let me be clear about my total dedication to the idea and practice of justice. I deeply believe that without justice there will be no peace, liberty or equality. Justice is the ultimate good, grounded in our biblical heritage and patently demonstrated in Jesus' ministry

The Church must be the first, not the last, to point out and protest instances or institutions of injustice. Racism, sexism, elitism, classism are social heresies that also violate our covenant with God, making them theological heresies.

Therefore, we propose the following resolution:

Resolution #A092

Resolved, the House of _____ concurring, **That the 69th General Convention give special thanks for Presiding Bishop Edmond Lee Browning's active and faithful leadership in combatting institutional racism and all forms of injustice in the Episcopal Church; and be it further**

Resolved, **That the Executive Council establish a Commission on Racism whose duty it shall be:**

- 1. to offer and provide assistance to dioceses, congregations and agencies of the Episcopal Church in developing programs to combat racism;**
- 2. to offer and provide assistance in the development of affirmative action programs and monitoring the implementation of the same;**
- 3. to offer and provide assistance in the evaluation of such programs; and be it further**

Resolved, **That the Commission on Racism shall consist of not more than twelve members, to be appointed by the Presiding Bishop, with staggered terms of service; and be it further**

Resolved, **That the Commission on Racism shall be a Commission of the Executive Council; shall meet three times annually and shall report annually to the Executive Council on its activities and progress; and shall report to the General Convention in 1991 and thereafter; and be it further**

Resolved, **That the Commission on Racism shall be staffed by and be administratively located in the National Mission in Church and Society Program Unit; and be it further**

Resolved, **that there be appropriated from the Assessment Budget of the General Convention for the expenses of the Commission on Racism the sum of \$75,000 for the triennium 1988-91.**

EXPLANATION: The establishment of a Commission on Racism, with adequate staffing and funding, will provide concrete, meaningful substance and support for the relevant implementation of Mission Imperative 5 and the several resolutions adopted by General Convention.

V. BIOETHICS ISSUES 1986-1988

The Commission on Human Affairs and Health has addressed many issues in bioethics, all of which are complex and in some cases fast-changing. It needs to be said that time did not allow us to focus on these issues except in the most cursory way. The areas addressed in this report include infertility, genetic experimentation, advance directives (living wills) and organ transplant.

Infertility and Desire for a Child

Ethical reflection in the Christian community has generally affirmed two techniques to help couples with problems of infertility.

1. A.I.H. (Artificial Insemination by Husband). Official Roman Catholic ethics rejects this technique on the grounds that obtaining semen by masturbation and separating conception from an act of marital intercourse are both immoral. Anglican and Protestant ethics generally, however, affirm A.I.H. as a means to help a married couple conceive children. In this case the good of conception in marriage justifies these means to make conception possible.
2. Fertility Enhancing Drugs. The commission would also affirm the use of fertility enhancing drugs to deal with problems of infertility, with the following provisos: Medical knowledge suggests that couples should exercise much prudence prior to using fertility enhancing medicines. Fertility enhancing drugs may not result in pregnancy. Such drugs may, in other instances, result in multiple ovulations and multiple births. Couples should be prepared emotionally and also financially to support multiple births. Medical statistics also show that the use of fertility enhancing drugs by women increases the risk of death to the mother and her babies when multiple conceptions occur. Contemporary information indicates that these techniques also increase the risk of tubal pregnancy which requires immediate surgical removal, i.e., abortion and potential risk to future pregnancy.
3. A.I.D. (Artificial Insemination by Donor) and the Use of Donated Ova. Serious moral objections are raised by Christian ethicists about fertility enhancement by a third person. A.I.D. involves the use of donated or purchased sperm from a third party for the sake of artificial insemination. Also, clinical techniques now enable donated ova to be joined with a husband's sperm in a petri dish with the deposit of the fertilized ova in the uterus of the wife. This is called In Vitro Fertilization, (IVF). IVF techniques also allow donated sperm and donated ova to be united in the laboratory for later implantation. These same techniques thus enable the fertilized egg to be implanted in the uterus of a surrogate "mother."

These techniques for laboratory and clinical enhancement of fertility and conception raise many complex moral issues. Among them are the nature and purpose of human sexuality in Christian understanding, the nature of procreation and parenting in Christian perspective, and the nature of marriage in Christian perspective. The Commission on Human Affairs and Health has not had time to address these issues in their full moral scope. Nevertheless, several moral dimensions of donor involvement can be mentioned.

However "anonymous" the donor might be, his or her genetic expression and personhood will be part of any conception. For example, a surrogate mother not only nourishes the child during its fetal life but also imprints some of her own immunologic stamp on the growing fetus. In all variations of donor conception, the donor is one of the parents.

Hiding the donor parent from the child denies the child knowledge and appropriation of one aspect of his or her biological "grounding" in the human story. Also morally questionable is allowing a donor to refuse moral and legal responsibility for a future child that his or her choice helped procreate and whose genetic inheritance partially informed.

On the other hand, if the donor parent is made known to the future child, difficult issues of parenting, family identification for the child, and, potentially, legal issues of parental responsibility are inevitable.

The commission did not address the issue of single women using A.I.D. or IVF techniques to have their "own child." An obvious moral problem with this act is deliberately causing a child to suffer the deprivation and risks of having only one known biological parent.

These techniques place a primacy on having "our baby" or "my baby" over the care and nurturing of children. Is such a biologically biased view of parenting morally justified in the light of existing children needing adoption?

These donor techniques deny the role in the marital union to the spouse who did not contribute his sperm or her egg to the future baby. This fact can often severely complicate issues of parenting and the later marital relationship. For these reasons, the commission cannot affirm A.I.D. as a moral option for members of this Church.

In cases of surrogate motherhood, the surrogate mother (as does any mother) sustains bodily changes as a result of carrying the baby. If she develops hypertension (pre-eclampsia) during the pregnancy, she may not be able to have babies of her own safely at a later time. Also the surrogate mother sustains a slight but real risk to her own life by having the child even in an atmosphere of the "best obstetrical care money can buy." This points to yet one more ethical problem to donor parenting and surrogate mothering: the possibility, indeed likelihood, of economic exploitation.

The commission, again, has not dealt with these many theological and moral issues related to infertility and desire for a child. The commission is aware, however, that these moral issues are usually discussed in American medicine and ethics outside any specifically Christian vision of marriage, parenting, and sexuality. This is due to the widespread secularization and indeed, secularism, of Western culture. In many cases Christian ethics uncritically accepts the secular formulation of the moral issues (e.g., defining individual rights as the only relevant moral issue). The distinctive Christian vision of sexuality, marriage and parenting, therefore, should be kept in mind in any Christian ethical reflection on the issues mentioned above.

At the present time we cannot affirm surrogate motherhood as a moral option for members of this Church.

Genetic Experimentation

Genetic experimentation (sometimes referred to as genetic engineering or gene-splicing) currently is discussed at three levels, each involving different, complex moral issues. Again, the commission has not had time to reach conclusions regarding these levels and their attendant theological and moral aspects. One level of genetic experimentation aims at the manufacture of substances which can promote human health or be useful in agriculture and industry. Examples in relation to human health are the production of insulin or interferons. The commission views this as a morally proper use of God's gifts through technological advance.

Another aspect of this same level is the study of and experimentation on somatic human cells and genetic material grown in cultures or through other techniques. No moral objection arises when the study is approved beforehand by independent, adequately informed, peer review and is intended for ultimate publication in refereed, recognized, scientific journals.

Allowing public media to announce experimental results first, however, is unethical. Such action evades the essential scientific peer review process. It also takes advantage of media appetite for the sensational and lay public credulity.

Also at this level of experimentation is the moral use of human embryos ("totipotential" material) for experimental use. Christian ethical thought widely judges this to be immoral, and we cannot affirm it for members of this Church. Closely related

to this is the deep freezing of fertilized human ova for later thawing, experimentation, possible implantation, or discard. Natural science does not know that deep frozen human embryos can live out a full, healthy life span. Deep freezing human embryos, even for the sake of later implantation, therefore risks violating the first norm of medical ethics: do not harm. When extra embryos are created using In Vitro Fertilization, their disposal or sale or use for experimentation is morally wrong until ethical consensus is reached about their moral status.

A second level of genetic experimentation involves developing genes to replace defective ones which cause illness and disability. Such processes are still in the experimental stage but should soon be possible. Such a therapeutic use of genetic experimentation will await examination by a future commission.

A third level of genetic engineering and experimentation concerns enhancement of human physiological or psychological or mental traits by genetic means. Examples could be physical strength or memory. Genetic engineering may some day be able radically to modify normal human size or other biological, psychological, and mental capabilities. Such possibilities raise profound moral problems which have not been thoroughly discussed either by scientists or ethicists, to say nothing of the members of the commission. Thus, they cannot be affirmed by the commission as moral for members of this Church.

Advance Directives ("Living Wills")

Advance directives serve a two-fold purpose. First, they can be used to indicate a willingness of the person to donate organs or tissues. Health and medical progress have been greatly aided by anatomic and pathologic study of tissue and organs from the dead. None of us can foresee clearly the circumstances of our deaths. Thoughtful Christians should encourage autopsies through personal and family example. Autopsies are a gift of knowledge to descendants. The next section of this report discusses organ donation and transplant more fully.

The second use of advance directives is to provide medical care givers, surviving family members, and perhaps others, with general guidance about desired quality of life and the extent of terminal care. Christians cannot anticipate the circumstances of their final illness. To make one's wishes known during good health and competence is a loving and moral act.

Christian values regard medical care and physical health as goods but not absolute goods or ends. Christian values tell us there are greater goods than material perdurance. When a permanent vegetative state exists, especially when it involves whole brain death, the "good" of health care has reached its limit. The commission has not, however, discussed the difficult case of permanent vegetative state when brain stem activities such as breathing and heartbeat continue. If we would not bury persons in a permanent vegetative state who are yet breathing on their own, is it morally right to end the breathing deliberately in order to bury them?

Other complex moral issues regarding advance directives are yet to be discussed by the commission. Among them are the distinction between acts of omission (deliberately allowing a patient to die) and acts of commission (deliberately causing a patient to die), the rightness of refusing life-saving treatment, truth telling, the distinction between the best interest standard and the substituted judgment standard in proxy decisions (decisions of care givers for incompetent patients or small children), and the distinction between "ordinary" and "extraordinary" care.

Organ Transplant

Organ transplants involve two issues of principle for Christians. One is, shall I be a donor? This must be decided with clarity well ahead of time so that any tissues or organs needed for donation may be removed as soon after death as possible. Hours and even minutes can make a difference in the value and survival of transplanted tissues.

The decision to offer organs or tissues for transplant is morally permissible, as is the decision to be a recipient in such circumstances as noted above. However, the second issue raises additional moral questions. Shall I be a recipient? In some cases this question is not laden with moral problems. Accepting tissues such as the cornea (clear part of the eye) or skin, enhances the quality of life without commitment to lifelong immune suppressive drugs, although for different reasons for cornea and skin.

However, the situation is morally more complicated in the case of organs like the kidney, liver, pancreas, heart, etc. To what extent is it morally allowable to avoid death? What is the risk to living donors? Exceptional care is needed (for example, the institutional separation of surgical and organ retrieval teams) to avoid coercion of a living donor "because she or he is the only one with a close tissue match." The issues are so complex that no committee or commission can promulgate comprehensive guidelines. Sometimes the "best" choice is not discernible or is barely discernible. Interviews with a range of recipients of the same type of transplant, when possible, may assist in decisions.

We are grateful to Dr. John Fletcher, of the University of Virginia, Charlottesville, and Dr. Bernard J. Hammes, Director of Medical Humanities for Gundersen/Lutheran Medical Center, La Crosse, Wisconsin, for review of and suggestions concerning this report. The members of the commission alone, however, assume responsibility for its contents.

VI. OBJECTIVES AND GOALS, 1989-91

Objectives

Our chief objective is to continue to monitor the principal problems and issues confronting the human race, and in the light of the responsibilities of the Christian Church and such biblical insights as we have, to reflect on the theological meaning of these matters. Matters affecting human health should continue to receive major attention from the commission. Specifically, we plan to address in depth the issue of homosexuality, continue our reflections on the ministry of the Church in the AIDS crisis, and on bioethical concerns, address the issues of homelessness, pornography, alcoholism, and being single in a "coupled society."

We are also aware that other issues will probably arise that the new commission will wish to address. However, we offer this caution: This commission's agenda is already so broad that it is difficult to address adequately all the matters referred to it. Thus, we hope that the General Convention will exercise restraint in referring additional concerns to the Standing Commission on Human Affairs and Health.

Process for completing our objectives

Following up on our discussions in the area of human sexuality during this past triennium, we plan six meetings of three-days duration as a full commission. In conjunction with three of these meetings we will hold open hearings in three locations around the country to initiate the listening process which is commended in our report. Funding

should be provided so that the commission can hold these hearings and also invite special consultants to assist it from time to time.

VII. BUDGET APPROPRIATION FOR THE NEW TRIENNIUM

Resolution #A093

Resolved, the House of _____ concurring, **That there be appropriated from the Assessment Budget of the General Convention for the expense of the Standing Commission on Human Affairs and Health the sum of \$45,140 for the triennium of 1989-91.**

MINORITY REPORT

The members of the Standing Commission worked diligently and conscientiously to try to create a document that all members of the commission could sign. I approve and, in some instances, rejoice in portions of the report, including some portions of the section on human sexuality (such as the comments and resolution concerning "gay bashing"). The fact that I cannot endorse the bulk of Section II (through II.B) of the report is no reflection on the members of the commission, individually or corporately.

My problem with Section II of the report is that, although it says that it supports the traditional standards regarding human sexuality, it seems to me to spend the vast majority of its time questioning that position. Also, it gives virtually no weight to Scripture, which for me must be the most important single factor in considering any of the issues involved.

Furthermore, discussion at commission meetings always seemed to revolve around whether we should uphold traditional Christian standards or alter those standards in light of new information and understandings concerning human sexuality. What became increasingly obvious to me during our deliberations is that we don't need to change our standards, but we do need—as the Episcopal Church—to convey a message which demonstrates that those standards exist to bring us the abundant life (John 10:10). God doesn't require certain things of us in order to punish us, but to protect us from ourselves and to lift us to a new level of living: abundant life in the Kingdom of God.

We have failed to manifest sufficiently a vital faith that reflects the spirit of John 10:10. Specifically, Christian marriage has not been the image of God's love to the world that we should want it to be, and the Church must share a large part of the blame. As a Church, we require a minimum of three years of intensive study to prepare Episcopalians for the vocation of priesthood, but only a few hours to prepare couples for the Christian vocation of marriage. As pointed out in the report, the 1982 General Convention called upon the Church to establish special commissions on marriage. When we contacted dioceses to ascertain results, only 54 responses were received and 30 of those dioceses indicated that they had not set up special commissions on marriage. And even though divorce is not as rampant among Christians as in society at large, it is nonetheless obvious that far too many Christian marriages end in divorce.

If the Episcopal Church is serious about its concern for human sexuality, for human health and for the wholesomeness of society, it will give individuals and couples far more attention in the preparation for, and support in, the vocation of marriage.

Yet, not all people can be married, and some have no inclination to be. People who are single by choice or by circumstance (including those who are widowed or divorced)

must deal with their sexual desires, but often feel alienated from the Church. The focus of the local congregation, especially in the suburbs, seems to be the nuclear family. Many parishes even describe the main Sunday worship service as “the family service” and call themselves “the parish family.” Single people often feel left out. The Church must recognize its obligation to those, in the congregation and in the community, who are unmarried, and be open and sensitive to their particular gifts and needs.

We spent much of our time during this triennium considering the issue of homosexuality. I agree with the other members of the commission that we need to be open to a further and fuller understanding of homosexuality. This can be accomplished by sensitive listening to those who are homosexual persons—ones who engage in genital sex, ones who maintain chastity, and ones who are seeking or have successfully found reorientation—and to the families and counselors of homosexual persons. Conclusions reached can then be measured more faithfully against Scriptural authority.

These are only first steps. Much more needs to be done. By the grace of God, this Church can do it.

Harry C. Griffith
Member of the Commission

Appendix

REPORT OF THE EPISCOPAL SOCIETY FOR MINISTRY ON AGING

The Episcopal Society for Ministry on Aging (ESMA) was created by the 1964 General Convention, and reaffirmed by subsequent General Conventions, as the nationally affiliated agency of the Episcopal Church responsible for the development and support of ministries on aging. ESMA is a volunteer organization of clergy and lay persons working to serve the spiritual, mental and physical needs of older persons while fostering the use of their unique gifts and talents for contributions to the Church and to society.

This report responds to the directive in Resolution A086, passed by the 68th General Convention, which charged ESMA to report on the development of services and underlying financial support to the 1988 General Convention (see Appendix A for the full resolution).

ESMA understands its charge in the context of historic demographic change which shapes the challenge for the years ahead and offers a focus for program development. Although funding for the task is inadequate, a structure has emerged which assures a wide supportive base.

ESMA's Task Today

Bernard E. Nash, ESMA board member, former executive director of the American Association of Retired Persons and deputy commissioner of the U.S. Administration on Aging, wrote of the demographic change we are experiencing in the Church in the Summer 1985 issue of *Jubilee*. Noting that the 1982 State of the Church Profile showed some 25% of Episcopalians were over 65 and 50% were between 40 and 65, he draws our attention to the fact that older adults make up a significant and growing part of our Church. Nash feels that our response to this challenging opportunity "can offer new life and hope to older Americans while sparking renewal of the Church body itself."

We are experiencing what eminent physician and churchman Robert N. Butler has termed a "longevity revolution." We have achieved a great triumph of survival as a result of advances in public health and the discovery of antibiotics and vaccines. Dr. Butler offers the startling thought that "we are now living in the first century of old age—the first century in which older people are a significant force." In this century alone those of us in developed nations have gained nearly 25 years in life expectancy; it took 5000 years to gain as much previously.

The increase in the number of older adults creates enormous social and public health challenges, and much of the way we do things will have to change. Our culture, society, economics, education, work and retirement arrangements will all need to be transformed. Dr. Butler looks for "an altered sense of life and a new sense of generations," stressing that perceptions will change as people begin to realize that "today's children are tomorrow's older people." Intergenerational strife can and must give way to active collaboration, and creative new responses will be needed to address longevity issues.

ESMA's task in the midst of this revolution is to teach that longevity is God's gift.

It is a blessing of our time, and it calls for our response with all age groups joining together glorifying life in service to God. Our ministry must focus on services by as well as for the aging, as the gifts and talents of all of us, young and elderly alike, are blended together for powerful effect.

Stereotypical attitudes of old age as a disease must give way to a new understanding of life as constantly evolving and continually unfolding with new and revealing self-awareness. Although physical prowess lessens with age, the greater gift of a strengthening spirit compensates nicely.

ESMA's Structure

The focus of the aging program of the national Church, through ESMA, is to bring about changes in social attitudes, public policy, and in the Church's ministry to eliminate discrimination and injustice toward older persons. ESMA wants to encourage better use of the experience and creativity of older persons and to provide more effective responses to their physical, mental, emotional, social and spiritual needs to assure a sense of well-being and fulfillment.

A national network of bishop-appointed provincial coordinators and diocesan designees has been established to implement ESMA's goals at the local level. Its primary objective is to reach into the grassroots and to touch the lives of the aging and their families in the parishes. In essence it is a partnership between parishes, dioceses, provinces, and the national Church.

The 15-member board of directors (including one bishop and four other clergy) represents all ages and widely different regions of the country. Miriam A. Jenkins, Flint, Michigan, is the board president. Meetings of the board are held twice each year, to which volunteer network provincial coordinators, diocesan designees and others are invited. The ESMA staff operates out of its offices in the Diocese of Bethlehem's diocesan and cathedral complex (Sayre Hall, 317 Wyandotte Street, Bethlehem, PA 18015) and is composed of a full-time Executive Director, Lorraine D. Chiaventone, a full-time secretary, and a part-time bookkeeper. Services of program consultants are available as required. Julie Armstrong is the program consultant for the Ministry with the Homebound project. ESMA's liaison to the national Church is Marcia Newcombe, Officer for Social Welfare.

ESMA's Program

ESMA's program activities are varied and include both developmental and applied thrusts. Program development occurs largely through the network of provincial and diocesan designees and in cooperative exchanges with other national and international groups on aging. Other development work is generated through staff and volunteer consultations with seminary faculty. ESMA applies its resources for education and training at multiple levels for leadership development, continuing education, seminary preparation and for workshops and seminars. A number of publications have been produced for aging concerns, and communication outreach occurs in numerous ways.

One of the new and exciting programs being brought on line through ESMA is the Ministry with the Homebound project. Originally designed, tested, evaluated and refined over a two-year period in the Diocese of Maryland, it is now being replicated for national use through ESMA. The Ministry with the Homebound program focuses on spirituality and emphasizes involving the homebound elderly and persons with handicaps or disabilities in action programs for themselves, their families, congregations

and communities. The program provides opportunities for the homebound to enter creative ministries themselves, offering concrete ways for parishes to build new relationships with the homebound to further the work of the Church. An important component of the effort is the model training program for developing a cadre of trainers—often linking ecumenical and social agencies—whose role is to help in implementing the project in congregations and communities.

ESMA has also made a major commitment to working cooperatively with the faculty and administrations of Episcopal seminaries and schools of theology in preparing seminarians for effective ministry with older persons. Additional support is given for seminary continuing education in aging issues for clergy and laity. A grant received from the Church Periodical Club and the Diocese of Michigan for 1988 will make it possible for ESMA to provide the libraries of the 14 Episcopal seminaries and schools of theology with copies of *Affirmative Aging*, *Older Adult Ministry* and the ESMA newsletter, *Aging Accent*.

ESMA has requested funding from foundations to support a project to integrate aging content throughout seminary curricula and to heighten the overall understanding of gerontology issues among seminary faculty. Experiential opportunities are envisioned that will provide service for older persons in the training endeavor, and continuing education programs will be offered to strengthen existing ministries to the elderly.

This new two-year proposed project follows six years of continuing concern for introducing gerontology into the curriculums of Episcopal seminaries and schools of theology. Original funding came from Venture in Mission (1982). Successes include ESMA-sponsored seminary faculty consultations, one of which led to the shaping of a Master of Arts degree in ministry to aging, another which provided an opportunity for seminarians and retirement home residents to relate in learning teams, and a third which provided a four-day continuing education workshop in aging for area clergy and laity.

In addition to the initiatives for ministry to the homebound and gerontology consultation in seminaries, ESMA has been involved in many other programs related to the aging. Examples follow of some of the activities and publications that emerged from these efforts.

Diocesan Commissions on Aging. Through the national network of provincial coordinators and diocesan designees, ESMA has disseminated information and developed programs for the establishment of commissions on aging at the diocesan level with linkages to parishes, housing facilities and agencies to meet the needs of older persons.

National Aging Information and Referral System. Called ESMA-TEL, this computerized referral system offers Episcopal clergy, service providers, older adults, and families a means to find resources to meet expressed needs.

Affirmative Aging: A Resource for Ministry. this book, published by ESMA in 1986, offers a new resource on spirituality and aging from the eyes of eleven people experienced in issues affecting the elderly. Now in its third printing, it is available through the ESMA office (\$9.95 plus \$2.00 shipping and handling). It has been proclaimed "the best book on aging yet published" by specialists in the field.

Directory of Episcopal Facilities for Older Persons. Published in 1985 by ESMA, this is available through the ESMA office (\$3.00 plus \$1.00 shipping and handling).

Older Adult Ministry: A Resource for Program Development. In 1987 ESMA and the national aging offices of the Presbyterian Church and the United Church of Christ joined together to produce this manual. Seed grants were obtained from Trinity Parish, New York City, the Diocese of Central New York, Education for Mission and Ministry, and the National Mission in Church and Society. It is available from the Presbyterian

Publishing House, 341 Ponce de Leon Avenue NE, Atlanta, GA 30365 (\$5.95 plus \$2.00 shipping and handling).

The (IN)Dignity of Aging. A condensed video-tape version with study guide of this 1973 national satellite TV conference sponsored by Trinity Institute is available through the ESMA office (sale or rental) to assist congregations and dioceses in developing programs on aging.

Aging Accent. This is a quarterly newsletter published by ESMA and devoted to information pertinent to aging.

Clergy Conferences, Workshops and Seminars. ESMA assists dioceses in designing and facilitating aging conferences.

Age in Action. Educational materials produced by ESMA are made available to parishes. Age in Action Sunday is celebrated each May and has been endorsed by General Convention.

Consultant Services. ESMA provides responses to requests from individuals, parishes and diocesan committees on aging for information and assistance in developing new or expanding existing programs. Approximately 25% of ESMA's 4,000 plus pieces of incoming mail are for information and referral services.

Leadership Training Institute. Sponsored jointly by Fordham University and ESMA, this certificate in aging program attracted participants from 55 dioceses. It was supported by a New Jersey Venture in Mission grant.

Large Print Book of Common Prayer. ESMA worked jointly with the Church Hymnal Corporation to make this a reality. The book is available through the Church Hymnal Corporation at a reasonable cost.

"The Quagga and I". This soliloquy on issues facing older persons by actress Martha Kate Miller is part of a series of creative workshops held in 1986 and 1987 (with a UTO gift).

ESMA represents the Episcopal Church in several national and international arenas on aging and in inter-faith organizations. ESMA is also credentialed by the World Health Organization as a non-government organization working with the International Programme on Aging.

ESMA's Influence

Heightening the overall awareness of aging concerns, enabling dioceses and parishes to develop and strengthen ministries to the aging, and stimulating interest and creative thought in the related issue areas—these are by-products of ESMA's program activity. The results are beginning to show.

There are dioceses and provinces that have passed resolutions stating an aging position and establishing appropriate structures tasked with the responsibility of dealing with age-related issues such as housing, health care, pre-retirement planning, networking, consciousness-raising, education, advocacy and a variety of other related services.

Many parishes across the country are involved in a conscious effort to address aging issues and to develop new aging programs and expand old ones at the level of the congregation. They are assisting with transportation, telephone reassurance, nutrition programs, in-home services, barrier-free building, special ministries with frail elderly, outreach to community nursing homes, housing facilities, linkages with community and ecumenical resources, advocacy, intergenerational opportunities, and counseling and expanding lay ministry by older adults.

From the results of many surveys and discoveries from the national aging network, the Church is reminded that there is a great concern within congregations for the

elderly and a need for providing a significant ministry among the aging. Clearly, older adults have become a major proportion of the membership of most congregations. However, it is clear that there is still much to be done. The Church needs to put forth greater and more direct efforts in meeting the needs and in recognizing and utilizing the many varied gifts and talents of older persons in effective ways to carry out the Church's mission.

We have a call for empowerment of the elderly, to pull them into the community and offer the means to equip them for their ministry within the Church and among themselves. We serve them best when we enable them.

ESMA's Funding

The Executive Council of the Episcopal Church has provided funding to ESMA for carrying out its mandated national program on aging (\$20,000 in 1983, 1984, and 1985; \$25,000 in 1986 and \$30,000 in 1987). Additional funds are obtained through membership fees and donor gifts.

Diocesan memberships are on the rise and have grown from 77 in 1985 to 86 in 1987. The goal is to have all of the dioceses supporting this effort. At present there are a total of 127 parish memberships, and the grassroots network has targeted this area for growth in the years to come. Additional memberships and gifts from individuals, Episcopal Church Women groups, and other institutions bring in further donor revenue. A concerted effort has been made to broaden ESMA's donor base, but progress is slow. Funding from these sources was \$19,614 in 1983, \$26,818 in 1984, \$34,254 in 1985, \$38,898 in 1986, and is projected at \$43,000 in 1987.

ESMA was given a \$25,000 foundation grant in 1986 and a \$20,000 grant in 1987, and these funds made possible developmental work for ESMA's new project on ministry with the homebound, which, from the Maryland model, will now be made available nationally.

Requests are being made to major foundations for the purpose of developing seminary curricula on ministry with older adults and their families. Although funding is being requested for the two-year duration of the project, the residual effect of the program would span many years thereafter.

ESMA relies heavily on its network of volunteers, and at times the staff itself has voluntarily gone on half salary to help stretch the funds further for programming. ESMA will only be able to venture into the future with boldness and creativity if it has a sound financial undergirding. Increased memberships and gifts will be the key to tomorrow's accomplishments.

The growing demand for services and the increasing awareness that new aging programs are desperately needed offer both a stimulating challenge and a sense of frustration to the willing cadre of ESMA workers. They have a wonderful vision of what could be accomplished if only sufficient resources were available to meet the task.

Miriam A. Jenkins, President

Lorraine D. Chiaventone,
Executive Director

Appendix A

Resolution #A086a (General Convention, 1985)

Resolved, the House of Bishops and Deputies concurring, That the 68th General Convention express its appreciation to the Episcopal Society for Ministry on Aging (ESMA) for the leadership it has given in stimulating an ever deepening concern at national, regional, and local levels for the Church's ministry to, and with, older persons; and be it further

Resolved, That the Episcopal Society for Ministry on Aging (ESMA) be reaffirmed and charged with continued development of services and financial support for the services, reporting such development of services and financial support for the services, reporting such development to the 1988 General Convention; and be it further

Resolved, That the seminaries and schools of theology related to this Church be urged to provide continuing education in gerontology, including ethical decision-making about the dying process, and other special pastoral needs of the elderly, and be it further

Resolved, That the Secretary of the Convention be instructed to protest to the President of the United States and to members of Congress those cuts in Social Security benefits, supplemental housing funds, Medicare, Medicaid and other health and welfare supports which heretofore have been made available to all Americans, young and old, who can demonstrate that they have insufficient funds to provide a decent life for themselves; and be it further

Resolved, That all dioceses, parishes and missions be urged to accept responsibility for the development of opportunities for an active ministry by and with all older members, expand training of all staff serving in Episcopal institutions for the aging and to promote a spirit of church family through intergenerational ministry.

Appendix B

