

## STANDING COMMISSION ON NATIONAL CONCERNS

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### Membership

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The Rev. Carol Sims	Montana, 2003
The Rev. Dr. Richard L. Tolliver	Chicago, 2006
The Rev. Emery Washington, Sr.	Missouri, 2003
The Hon. James E. Bradberry	<i>Executive Council Liaison</i>

### COMMISSION REPRESENTATIVES AT GENERAL CONVENTION

Bishop John B. Lipscomb and Deputy Deborah J. Stokes are authorized to receive non-substantive amendments to this report.

### Introduction

The Standing Commission on National Concern's (SCNC) charge in Canon I.1.2(n)(8) is "to identify, study and consider general policies, priorities and concerns about the theological, ethical and pastoral issues and strategies as to the ministries of this Church serving Christ, to strive for justice and peace among all peoples through the proclamation of the Gospel and to develop and recommend to the General Convention comprehensive and coordinated policies and strategies applicable to the same."

SCNC met five times during the triennium to address its charge. We reviewed 2000 General Convention actions related to it, continued work in the areas of health care and the theology of work that was carried from the previous triennium, and devoted the balance of our efforts to the health needs of children, substance abuse among clergy and laity, the prison and criminal justice systems, "at risk" youth, racial profiling, a living wage, and issues of violence and war. Health care for children was the area with the greatest need.

This report comes from a diverse group of people who found unity in faith, love, and concern for others. In our hearts, we sought justice, peace, and respect for every human being in light of the Gospel. We trust this goal is evident in this report and the accompanying resolutions.

### The Church and Children's Health

The Gospel of Matthew reminds us that the Episcopal Church needs to be an advocate for children and for their parents as they struggle to meet children's needs in a world whose powerful social and economic forces can overwhelm a family (Mt. 2:18). The care and treatment of children is a measure of faith.

#### A. Children Who Need Access to Medical Care and Adequate Nutrition

Children are our greatest resource. Yet currently 16% of children in the United States live in poverty and 40% of children less than six years of age (9 million children) live in homes with incomes less than 200% of poverty level. Moreover, nearly 11 million children lack basic health care insurance, even though nine out of

ten of them live in families where at least one parent works and more than half live in families where both work.

Many children are uninsured because their parents cannot afford the rising costs of health insurance. Many parents who work part-time or on a contract basis do not receive health insurance. Some small businesses health care insurance premiums include high deductibles to minimize the cost, which threatens to put them out of business. Out-of-pocket expenses may deter parents from obtaining health insurance for their families. Children who lack basic health care and adequate nutrition need assistance from our society and the Church. The Church and its dioceses and congregations can assist several ways.

### **1. Under-enrollment in Medicaid, in the State Children’s Health Insurance Program (SCHIP), and in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

The federal government has funded two programs designed to provide health care for children who are without it: Medicaid and the State Children’s Health Insurance Program (SCHIP).

Medicaid is a program administered by states that provides health care coverage to children in families with low incomes, including the working poor. The State Children’s Health Insurance (SCHIP) assists children up to the age of nineteen in families with incomes too high for Medicaid but too low to purchase health care insurance. Currently, 38 states and the District of Columbia have developed SCHIP programs.

In addition, the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides short-term intervention for the nutritional needs of lower-income infants, children up to the age of five, and pregnant women. For every dollar invested in WIC, over three dollars is saved in Medicaid health costs for pregnant mothers and their infants.

Five million children who are eligible for Medicaid or SCHIP are not enrolled. The WIC program has also been under-enrolled. Reasons these programs are not used, include lack of awareness, lack of trust in those administering them, and perceived or real barriers to service.

### **2. How Episcopal Church dioceses can help increase SCHIP and WIC enrollment**

Many states provide grants helping local groups reach out to eligible parents and improve enrollment in Medicaid, SCHIP, and WIC. Religious organizations are eligible for these grants. Dioceses and congregations can encourage parents to register by:

- Making Medicaid, SCHIP, and WIC enrollment part of their outreach, using materials from Ministries with Young People Office at the Episcopal Church Center, among others.
- Partnering with other local organizations involved in outreach to eligible families.
- Planning health activities for a Children’s Day.
- Working with state and local agency service providers to coordinate outreach activities.
- Providing volunteers for Medicaid, SCHIP, and WIC local agency service providers, e.g., Church WIC.

### **B. The Mental Health Needs of Children**

A report by the National Council on Disability, a 15-member independent federal panel, found that children who get caught in the public mental health system are under-served and have a much higher dependence on the adult system later in life. A National Alliance for the Mentally Ill survey of parents of children with serious emotional disturbance found that nearly one fourth had been advised to give up custody to ensure that their children would receive mental health services. One in five very reluctantly did so for the child’s sake.

The Episcopal Church can respond by:

- Urging federal and state legislators to provide adequate mental health care that enables children to remain within the family unit.
- Advocating that mental health systems develop the expertise to deliver not just medication and counseling to the children who need it, but housing and transportation as well.
- Encouraging licensed therapists in congregations to offer *pro bono* or affordable therapy to under-served children.

- Encouraging congregations to assist financially with the high cost of psychotropic medications for children in need of these.

**C. The Impact of Trauma and Violence on Children**

Many children in this country are victims of violence -- physical, mental, or emotional -- which traumatizes, slows, or inhibits healthy development. The Children’s Bureau of the U. S. Department of Human Services reported in 2000, three million referrals of approximately five million children were made to Child Protective Service agencies in the USA. Whether a child witnesses violence or experiences it personally, we are called to help prevent any further harm to the child. Clergy and congregations can assist by knowing the local, state, and federal resources for children who are subjected to trauma and violence. The Episcopal Church, clergy and lay, has a responsibility to protect children where they are in danger of physical or mental abuse.

**D. Palliative Care for Dying Children**

About 28,000 children die every year from chronic illnesses such as cancer, heart disease, congenital anomalies, and degenerative disorders. Fewer than 10% of dying children receive hospice care, according to the National Hospice and Palliative Care Organizations. A 2001 report of the Institute of Medicine on end-of-life cancer care declared that dying children should receive better relief of their pain and suffering, their doctors need more education, and their families need better support services. The American Academy of Pediatrics called for regulatory changes in Medicaid, Medicare, and private health plans to improve access to end-of-life care for children.

Children nearing the end of life who are in pain should receive narcotic levels that are carefully monitored as well as other forms of palliative care that ease difficulties they may have with swallowing, nausea, and vomiting. Families need support as they grapple with losing a child whose life had previously seemed to stretch out far into the future.

**Resolution A122 Improving Health Care for Children**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74<sup>th</sup> General Convention of the Episcopal Church
- 2 encourage dioceses and congregations to establish programs to assist parents to apply for services for
- 3 eligible children offered by Medicaid, the State Children’s Health Insurance Program (SCHIP), and the
- 4 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and be it further
- 5 *Resolved*, That the Office of Government Relations of the Episcopal Church work with the Office of the
- 6 Secretary of Health and Human Services and the Office of the Secretary of Agriculture, the White House,
- 7 and Congress to ensure that these programs are adequately funded to meet the needs of the participants
- 8 they serve; and be it further
- 9 *Resolved*, That the Office of Government Relations urge the Office of the Secretary of Health and Human
- 10 Services, the White House, the United States Congress and state legislatures to provide more adequate
- 11 access to mental health services for children in a form that does not require the separation of children from
- 12 their families; and be it further
- 13 *Resolved*, That the Episcopal Church encourage congregations to become educated about and involved in
- 14 the prevention of violence and maltreatment perpetrated upon children; and be it further
- 15 *Resolved*, That the Office of Government Relations of the Episcopal Church request the Office of the
- 16 Secretary of Health and Human Services to make regulatory changes in Medicare and Medicaid health
- 17 plans to enable terminally ill children to receive more adequate palliative care and pain relief services and
- 18 their families to receive appropriate supportive services.

**EXPLANATION**

The Episcopal Church, as a caring Christian community, has a call to help parents find resources to meet the health needs of their children, including basic medical care, nutritional supplementation, mental health care, and palliative care for children who are terminally ill. The church can carry out this responsibility by encouraging dioceses and congregations to assist families with children who are eligible for Medicaid, the State Children’s Health Insurance Program (SCHIP), or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to enroll in these programs.

The Church can also urge the Congress to pass a mental health treatment act that mandates better coverage for children who need mental health care and that does not require parents to give up their children in order to receive such care. Children enduring physical and/or mental abuse are in urgent need of attention by congregations that can alert proper local, state, or federal authorities to their plight. Finally, the Church can assist children who are dying by urging the Secretary of Health and Human Services to modify Medicare and Medicaid regulations in order to provide greater medical and social support for children who are terminally ill and also for their families.

### **Dependence on Alcohol and/or Drugs**

Alcohol and/or drug dependency is a life-threatening disease that affects millions of Americans and their families. It is a serious public health problem today. Ten to fifteen per cent of drinkers become alcoholics and about 7.5 percent of Americans are dependent on drugs. The social costs of drug and alcohol dependence have been estimated at \$277 billion. This includes lost productivity, accident-related costs, damaged health, and law enforcement expenses. (National Drug Control Strategy. Washington, D.C. Office of National Drug Control Policy, 1999, pg. 14-15.) An Episcopal bishop stated, “The devastation of substance abuse, particularly alcoholism, is perhaps the single most pressing problem in the life of congregations today.”

Almost twenty years ago General Convention reaffirmed the 1979 General Convention call to address alcohol and drug dependency (*GC Resolution 1985-A083*). Since then new information and more effective treatment for these diseases have been developed and issues related to the care of affected clergy have arisen. The Church needs to take these advances into account today to help restore lost lives, families, and ministries.

#### **A. Developing Constructive Ways of Responding to Alcoholism and Drug Dependency**

Dependence on alcohol or drugs is marked by signs such as inability to control the frequency or amount of alcohol or drugs used, mood swings, slurred speech, blackouts, memory loss, and personality changes. Yet it is a treatable condition. Affected individuals often are in denial and unable to comprehend the serious threat alcohol or drugs present to their health. Friends and colleagues may also deny that they should take action to assist. Appropriate care is essential and may be life-saving for those who are dependent on alcohol or drugs.

An intervention may be necessary and these are steps for carrying out an intervention and obtaining treatment for the affected person:

- Make confidential inquiries of the spouse or close friend about whether there is a problem of alcohol or drug dependency.
- Obtain information about alcohol and drug dependency from an addiction counselor, physician, clergyperson, someone in recovery, and church and national organizations devoted to this problem, such as Recovery Ministries of the Episcopal Church, Recovering Addicted Clergy Association, Alcoholics Anonymous, and National Council on Alcoholism and Drug Dependence.
- Consider other reasons for the symptoms.
- Plan an intervention with the assistance of a qualified professional addiction counselor.
- Plan ahead for treatment in a specific program after the intervention.
- Address the person involved and persuade him or her to enter into treatment.
- Care for that person after the intervention and treatment.

#### **B. Special Issues Relevant to Clergy and Staff of the Episcopal Church**

The Episcopal Church has a responsibility to address circumstances in which clergy and church staff appear to be dependent on alcohol or drugs. A major problem is that those identified as alcohol or drug dependent often risk losing their positions without access to treatment. They are caught between two choices: reporting themselves and possibly losing their jobs or else remaining at their posts and harming themselves and those around them.

To remedy this situation, several barriers to treatment that clergy and church staff currently face should be addressed. These include:

1. Few clergy and employee assistance programs exist. Committees within each diocese of the Episcopal Church are needed to help clergy and church staff to recognize alcohol and drug dependence and to assist them to enter treatment. Yet many dioceses have no such committees.
2. Resources for assistance and education are inadequately used including those from Recovery Ministries of the Episcopal Church and the Recovering Addicted Clergy Association. These organizations can provide information and education.
3. Health care insurance coverage for clergy and church staff is inadequate. There is a pressing need for adequate insurance coverage for those who are dependent on alcohol or drugs. Such insurance should include inpatient or outpatient treatment by a certified addiction counselor and follow-up care.

### **C. Forming a Diocesan Alcoholism and Drug Dependency Committee**

Diocesan committees are needed to address situations in which clergy and church staff are thought to be dependent on alcohol or drugs and, when requested, to assist laypersons believed to be dependent on such substances. One possible model for a committee would:

- Include clergy and laity on the committee and, when possible, those recovering from alcohol or drug dependency.
- Be trained by a qualified professional addiction counselor about the disease of addiction and about carrying out interventions for those who are alcohol or drug dependent.
- Provide educational programs to congregations on the nature, prevention and treatment of alcohol and drug dependency, and pastoral care for those who are substance dependent and their families.
- Develop a diocesan written policy on treatment and appropriate pastoral responses to alcohol and drug dependency among clergy and church staff. This policy would include intervention procedures, entry into treatment, post-treatment monitoring, and future employment.
- Be available for consultation about possible substance dependency in a clergy person, church staff member, or a layperson with symptoms of concern.
- Arrange for interventions, with the assistance of a professional addiction counselor, for clergy persons or church staff who exhibit signs and symptoms of addiction and, when appropriate, for laypersons with symptoms of concern.
- Whenever possible give assurance to alcohol or drug dependent clergy and church staff, that upon completion of a recognized treatment regimen and entry into a monitoring program they will be able to return in a capacity identical or similar to that before diagnosis and treatment.
- Inform those clergy or church staff diagnosed as alcohol or drug dependent by a qualified professional addiction counselor but refusing to undergo treatment, that their position is not protected and that poor job performance due to alcohol or drug dependency will provide grounds for removal with cause.

The costs of not funding diocesan programs to address alcohol and drug dependence among clergy, church staff, and laypersons include personal costs, ecclesiastical and pastoral costs, financial costs and legal costs.

### **Resolution A123 Diocesan Alcohol and Drug Dependency Policies**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That this 74th General Convention call on all dioceses to
- 2 establish Diocesan Committees on Alcoholism and Drug Dependency to provide educational programs for
- 3 clergy, church staff, and congregations that take account of recent advances in treatment of alcohol and
- 4 drug dependency, and that such committees address problems related to alcohol or drug dependency in
- 5 clergy, church staff, and, when requested, laypersons, and be it further
- 6 *Resolved*, That dioceses make strong efforts to develop policies concerning treatment and future
- 7 employment for diocesan clergy and church staff who are dependent on alcohol or drugs, and be it further
- 8 *Resolved*, That dioceses make strong efforts to ensure that health care insurance for diocesan clergy and
- 9 church staff includes coverage for mental health and addiction, particularly inpatient treatment for
- 10 dependency on alcohol or drugs.

**EXPLANATION**

Alcohol or drug dependency is a treatable disease that should be addressed both medically and pastorally. Christians seek transformation and redemption for those who are addicted, not stigmatization and abandonment. The Episcopal Church needs to affirm that care for those who are dependent on alcohol or drugs should be directed toward rehabilitation rather than punishment, treatment rather than condemnation. Moreover, it should urge its members to address outright the problems of those who are alcohol or drug dependent, rather than deny or ignore them, as this disease can be life-threatening and life-destroying.

The General Convention of 1985 reaffirmed the call of the General Convention of 1979 to all dioceses to appoint a Diocesan Committee on Alcoholism and Drug Dependency to develop a diocesan policy for educational and treatment programs regarding alcohol and drug dependency. However, many dioceses have no such committees. Further, new information and more effective treatment programs have been developed for these diseases since then that need to be taken into account. Special questions have arisen regarding the treatment, insurance coverage, and future employment of clergy and church staff who are dependent on alcohol and/or drugs. Therefore, an updated set of recommendations regarding the treatment of those who are considered to be dependent on alcohol and/or drugs, particularly of clergy and church staff, is needed and is provided in this resolution.

**RESTORING THE STANDING COMMISSION ON HEALTH AND A STAFF POSITION IN HEALTH CARE TO THE CHURCH**

The Episcopal Church has long been a strong voice calling for a health care system in which those who need health care and healing can receive adequate appropriate treatment. This is in keeping with the mission of the early Church, which established ways to address the spiritual and the physical needs of the sick and dying.

In recent times, the Episcopal Church has had a Standing Commission on Health (SCH) and a staff person at the Episcopal Church Center (ECC) to carry on the Christian moral vision of seeking a decent health care system for those who are ill and dying. Currently, neither a SCH or a staff officer exist. Although the Suffragan Bishop for Chaplaincies (former title was Bishop for the Armed Services, Healthcare, and Prison Ministries) and his staff have devoted considerable time and effort to filling this gap, it has been difficult for them to do so amid their other obligations. The Episcopal Church is called upon to continue the tradition set by previous General Conventions and to address the health care needs of the people of this country by restoring a SCH and a corresponding staff position in health care.

**Resolution A124 Standing Commission on Health and a Staff Position in Health Care**

- 1     *Resolved*, the House of \_\_\_\_\_ concurring, That this 74th General Convention reaffirm the commitment of  
 2     the Episcopal Church in providing a Christian response to the health care needs of those within our nation,  
 3     as expressed in the 1991 and 1994 Blue Book reports of the Standing Commission on Health and the 2000  
 4     Blue Book Report of the Standing Commission on National Concerns, and be it further  
 5     *Resolved*, That this 74th General Convention reestablish a Standing Commission on Health and that it  
 6     direct Executive Council to appoint a person to the staff at the Episcopal Church Center with background  
 7     in and knowledge about health care policy to assist this commission, and that their joint duties include:
- 8     • Articulating and communicating positions adopted by the Episcopal Church on health care policy to  
 9     Episcopalians, the public, and public policy makers;
  - 10    • Advocating, in cooperation with the Office of Government Relations, for a health care system in  
 11    which all may be guaranteed decent and appropriate primary health care during their lives and as they  
 12    approach death;
  - 13    • Bringing together those within the Episcopal Church who develop, provide and/or teach health care  
 14    and health care policy to continue to develop a Christian approach to pressing issues that affect the  
 15    health care system of this nation;
  - 16    • Understanding and keeping abreast of the rapidly changing health care market and developments in  
 17    biomedical research that affect health policy;

- 18 • Collecting and developing resources and teaching materials related to access to health care for the use
- 19 of dioceses, congregations, and individuals;
- 20 • Advocating health ministry in and through local Episcopal congregations; and be it further
- 21 *Resolved*, That this 74th General Convention direct the Executive Council to report to the 75th General
- 22 Convention about this appointment; and be it further
- 23 *Resolved*, that \$200,000 be appropriated from the budget for the triennium.

EXPLANATION

This resolution restores the Standing Commission on Health and a position in health care to the Episcopal Church Center and dedicates them to addressing together the health care needs of persons in this country and to improving the health care system. They will articulate the positions of the Episcopal Church related to health care policy; advocate for a decent and accessible health care system in cooperation with the Office of Government Relations; continue efforts begun by the Bishop for the Armed Forces, Healthcare, and Prison Ministries to bring together those within the Episcopal Church involved in health care and health care policy to develop further recommendations regarding health care; and assist those carrying out health ministry in congregations. Moreover, the staff person will have sufficient background to keep track of new developments in the health care system and biomedical research and will take steps to develop resources and teaching materials related to access to health care that can be used throughout the Church.

**Prison Ministry, Prisoners’ Families, and Mandatory Sentencing**

*Ministry to Prisoners and Their Families*

Jesus sent his disciples to visit those in prison. This ministry has always been foundational to the work of the church. SCNC calls upon dioceses and congregations to serve our incarcerated neighbors and their families.

*Alternative Facilities for Youths Charged and Convicted as Adults*

Juveniles do not have the same rights and protections as adult offenders. There are no facilities or a way for youths charged as adults to be kept from hard-core criminals in federal prisons. Recent acts of violence by youths have brought awareness of the need to develop theological, psychological, and sociological understanding and methodology for addressing juveniles in our justice system. We recommend that the Peace and Justice Office study and make available resources to dioceses and congregations for ministering to families and youth heading toward or in our criminal justice system.

*Reviewing Mandatory Sentencing Guidelines for Effectiveness*

In 1951, Congress passed a law providing for mandatory minimum criminal sentences in certain areas. By the 1970s, these were considered unworkable and were repealed. In 1984, they were reinstated. Congress passed the Sentencing Reform Act (SRA) to eliminate inequities in federal sentencing in different parts of the country. SRA established mandatory minimum sentences for over 40 crimes. Its primary focus was on drug use and sale, as well as on the use of firearms during a crime.

Current mandatory sentencing guidelines severely limit judicial discretion and have had a disparate impact on people of color. Approximately 85% of federal judges have called for abolishing mandatory sentencing because it is not helping win the war on drugs, and results in long sentences for minor drug offenders at great financial and social cost to the public.

**Resolution A125 Ministry to Prisoners and Their Families**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74th General Convention of the Episcopal Church,
- 2 through the Executive Council, urge dioceses and congregations to become familiar with the criminal
- 3 justice system and form ministries which assist prisoners and their families during sentencing, while in
- 4 prison, and during their readjustment period; and be it further
- 5 *Resolved*, That the 74th General Convention support the establishment and/or expansion of occupational
- 6 and academic programs in prisons where prisoners may be prepared for re-entry into society; and be it
- 7 further
- 8 *Resolved*, That the 74th General Convention ask the Suffragan Bishop for Chaplaincies to identify training
- 9 programs that will help dioceses and congregations support the post-release employment of convicted
- 10 felons.

## EXPLANATION

This resolution calls upon the dioceses and congregations of the Episcopal Church to know and serve our neighbors who are incarcerated and to care for their families. This is in fulfillment of our Baptismal Covenant: “to seek and serve Christ in all persons, loving our neighbors as ourselves, and to respect the dignity of every human being.” The formation of ministries to those who are incarcerated is essential to our Christian witness. Such ministries include assistance before, during, and after prison.

**Resolution A126 Youth Charged and Convicted as Adults**

1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74th General Convention of the Episcopal Church  
 2 direct the Office of Government Relations to work for legislation that provides alternatives to sentencing  
 3 for juveniles and establishes intermediary facilities for incarceration (between farm schools and adult  
 4 prisons) for serious juvenile offenders; and be it further  
 5 *Resolved*, That the Peace and Justice Office explore, study, and make available to dioceses and  
 6 congregations resources for ministering to families and juveniles who are heading toward or caught up in  
 7 the U.S. criminal justice system.

## EXPLANATION

There are no intermediary facilities or system to sequester youths charged as adults from the hard-core adult criminals in federal prisons. The recent school killings and other acts of violence perpetrated by youths have heightened awareness of our need to develop theological, psychological, and sociological understanding and methodology for addressing juveniles who are caught up in our justice system. The Peace and Justice Office should explore, study and make available to our dioceses and congregations resources for ministering to families and juveniles who are heading toward or caught up in our criminal justice system and the Office of Government Relations should work for legislation to accomplish these goals.

**Resolution A127 Mandatory Sentencing Guidelines**

1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74th General Convention direct the Office of  
 2 Government Relations to work for legislation to eliminate or significantly revise mandatory sentencing  
 3 guidelines to give federal judges more discretion in sentencing offenders, and to overcome the current  
 4 racially discriminatory impact of these guidelines.

## EXPLANATION

Mandatory sentencing guidelines were meant to establish uniformity in sentencing. However, they are not helping us to win the war on drugs and are resulting in long sentences for minor drug offenders at great financial and social cost to the public. Moreover, they have had a discriminatory impact on people of color and they severely limit judicial discretion. Mandatory minimum sentencing guidelines should either be eliminated or else revised to provide a sentencing pattern that avoids racial discrimination and sends appropriate signals about the sale and use of drugs, enabling judges to consider the seriousness of the offense, the underlying criminal conduct and the offender’s past.

**Recognizing and Helping “At-Risk” Youth**

Years ago it was common to describe “at risk” youth as those lacking support, empowerment, and boundaries in low-income urban communities. At times this description included rural areas. Programs reached out to youth in these communities to prevent substance abuse, victimization, violence and dysfunctional behavior.

Then came the tragic events of youth killing youth in Moses Lake, Washington (February 1996); Bethel, Alaska (February 1997); Pearl, Mississippi (October 1997); Paducah, Kentucky (December 1997); Jonesboro, Arkansas (March 1998); Edinboro, Pennsylvania (April 1998); Springfield, Oregon (May 1998); Columbine, Colorado (April 1999); Conyers, Georgia (May 1999); Mount Morris Township, Michigan (February 2000); and the recent events in Fort Worth, Texas and Santee, California. These events revealed that violence, threats to persons and dysfunctional behavior exist in urban, suburban and rural communities in this country.

Churches must find ways to offer hope and meaning to all youth, helping them to form a Christian worldview that challenges them to consider who they are in Christ. Youth should be encouraged to living a life conscious of the needs of others, rather than one devoted solely to self. Churches and dioceses can offer youth ways to



manage anger and show them the value of forgiveness. They can also develop partnerships with community-based agencies, institutions, and schools to build an infrastructure that will permit outreach to “at risk” youth.

**Resolution A128 Ministering to “At Risk” Youth**

1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74th General Convention of the Episcopal Church  
 2 recognize the value of young people and the problem of violence that pervades our society making all of  
 3 our youth “at risk” youth; and be it further  
 4 *Resolved*, That the 74th General Convention of the Episcopal Church reaffirm the commitment of the  
 5 Church to support the development of caring, competent and loving young people; encourage dioceses and  
 6 churches to offer ways to manage anger and teach the value of forgiveness to our young people; and  
 7 recommend to dioceses and churches development of partnerships with community-based agencies,  
 8 institutions, and schools to build an infrastructure that will permit outreach to “at risk” youth in every  
 9 community.

**EXPLANATION**

Churches must reach out to all youth, especially those “at risk” of becoming involved in violence. The Church is called to offer a foundation of hope to our young people based upon a striving for the Kingdom of God “on earth as it is in heaven.” It is called to be proactive in helping our youth form a Christian worldview that challenges them to consider who they are in Christ. Rather than living a life devoted to themselves, youth should be encouraged to become aware of the needs of others, to manage anger responsibly and learn the value of forgiveness. Churches and dioceses can also develop partnerships with community-based agencies, institutions, and schools to help build an infrastructure that will permit outreach to “at risk” youth.

**Racial Profiling**

Racism has been addressed by the Episcopal Church in several ways. The Office of Peace and Justice has a Social Justice Officer who works with the Executive Council Anti-Racism Committee. We specifically commend the committee’s blue book report and resolution to this 74th General Convention. Further, diversity training seminars are held in all dioceses in the Episcopal Church. We applaud the work and commitment with regard to the problem of racism by the Church. While anti-racism training has provided much needed awareness and training to eradicate racism, the issue of profiling has not been the focus of any specific group. SCNC defines racial profiling as: “The discriminatory practice of suspecting, detaining, investigating and/or interrogating individuals as suspects of criminal behavior because of the color of their skin or their race.” The use of profiling against a specific group of people deeply concerns this commission. This type of profiling is influenced by prejudices or pre-determined judgments. It is unjustly influenced by a perceived threat to one’s safety or position. The practice of racial profiling is reprehensible.

**Resolution A129 Dismantling Racial Profiling**

1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74th General Convention deplore the immoral use of  
 2 racial profiling unjustly to identify certain behaviors, and call for the Episcopal Church to re-commit itself to  
 3 being vigilant in speaking out against all negative profiling but especially racial profiling wherever it happens;  
 4 and be it further  
 5 *Resolved*, That we renew our commitment to treat all people of color with honor and dignity, modeling the  
 6 behavior that we commit to in our Baptismal Covenant: to strive for justice and peace among all people and  
 7 respect the dignity of every human being; and be it further  
 8 *Resolved*, That each diocese be urged to commit funds specifically to help those who take action against racial  
 9 profiling in their community; and be it further  
 10 *Resolved*, That the Anti-Racism Committee’s diversity training be adjusted to include teaching about racial  
 11 profiling, how to identify it, and various methods to end it.

**EXPLANATION**

Racial profiling, or the discriminatory practice of detaining, investigating and/or interrogating individuals as suspects of criminal behavior because of the color of their skin or race, is based on an inherent bias against a specific group of people. The vast majority of all discriminatory racial profiling focuses on African-American

people. In the recent past, however, other persons have increasingly come under suspicion: Muslims, Native Americans, Hispanics, and Asians. In each instance, the practice of racial profiling is reprehensible and should be eliminated.

### **Theology of Work and A Living Wage**

The Episcopal Church has long explored the Christian meaning of work to both labor and management. In 1901, the church established a Commission on Capital and Labor to study the labor movement, as well as conflicts between labor and management, and to offer itself as arbitrator when appropriate. Today, the Episcopal Church continues its support by calling for passage of laws establishing a “living wage.” The Church should embrace this policy for itself, its contractors and its investments.

#### **Resolution A130 Establish Living Wage**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That this 74th General Convention of the Episcopal Church,  
 2 through the Secretary of the Convention, call upon the President of the United States and members of  
 3 Congress to establish a living wage as the standard of compensation for all workers in the United States;  
 4 and be it further  
 5 *Resolved*, That it is the policy of the Episcopal Church and its dioceses and congregations to provide  
 6 employees with a living wage and be a model for ethical labor practices; and be it further  
 7 *Resolved*, That it is the policy of the Episcopal Church to insist that companies in which the Church  
 8 invests or with which it contracts provide their employees with a living wage and serve as a model for  
 9 ethical labor practices.

#### EXPLANATION

Everyone should be able to support his or her family adequately. Therefore, it is important that the Episcopal Church support laws establishing a “living wage,” which is defined as “a wage that allows and enables full-time workers to raise their families outside poverty, apart from government subsidies.” In asking this of others, the Episcopal Church should also embrace this policy for itself, its contractors and its investments.

#### **Resolution A131 Worker’s Prayer**

- 1 *Resolved*, the House of \_\_\_\_\_ concurring, That the 74<sup>th</sup> General Convention recommend to the Standing  
 2 Commission on Liturgy and Music to include the prayer, “A Worker’s Prayer” in the *Book of Common*  
 3 *Prayer* in the *Prayers for the Social Order* section.  
 4 Lord, we pray today for all who work and all who are seeking work.  
 5 As You looked at the work You had done and saw that it was good, help us to value all work performed  
 6 with diligence, care and honesty.  
 7 Help us to seek rewards for our work not only in the wages we receive, but also in stewardship of Your  
 8 creation and justice toward all persons. Help us to recognize that we cannot do our work alone, but depend  
 9 upon the work of many others, some of whom we do not even know. Help us to remember that it is Your  
 10 gift to find, even in the inevitable routine, occasions of interest and joy. Help us to remember that laborers  
 11 are worthy not only of their hire, but of their rest. Help us to say “Well done” to others, as we hope to hear  
 12 the same.  
 13 Finally, when we cannot see the direction to go, give us faith that you can always work for good through  
 14 us.  
 15 We ask these things in the name of Him who promised to be with us always. Amen.

#### EXPLANATION

The Standing Commission on National Concerns extends its appreciation to Celeste Parsons, Diocese of Southern Ohio, for allowing it to use the above prayer that she prepared in connection with the work of the Diocese of Southern Ohio on the Theology of Work.

### **Christian Response to Warfare**

The Christian tradition has historically embraced two responses to warfare: just war theory and pacifism. The Episcopal Church has long studied and acted on issues of war and peace, as in the 1982 Blue Book Report

“To Make Peace” and the *GC Resolution 2000-A058* “The Pledge of Non-Violence.” Today, the actions taken and planned by the government of the United States, as well as the many armed conflicts around the world, call for a response by all Christians and people of faith that promote peace, justice, and reconciliation, taking into account these traditional responses to warfare.

**Resolution A132 Christian Responses to Warfare**

- 1     *Resolved*, the House of \_\_\_\_\_ concurring, That the 74th General Convention urge dioceses and
- 2     congregations to study and better understand just war theory and pacifism as they apply to the situation of
- 3     the United States in responding to contemporary international conflicts.

**EXPLANATION**

It is important at this time to return to foundational Christian approaches to national involvement in warfare. The Christian tradition has historically embraced two responses to warfare: just war theory and pacifism. The commission recommends that dioceses and congregations study just war theory and pacifism as they apply to the actions taken and planned by the government of the United States, as well as the many armed conflicts around the world.

**Financial Report**

The Commission was budgeted for \$99,000 for the 2001-2003 Triennium. At the time of this report, SCNC had expended \$47,594 of its budget.

The Standing Commission on National Concerns will meet approximately five times during the 2004-2006 Triennium. This will require \$25,000 in 2004, \$26,000 in 2005 and \$28,000 in 2006 for a total of \$79,000.

**Conclusion**

*The Book of Common Prayer's* Baptismal Covenant, page 305 asks, “Will you strive for justice and peace among all people, and respect the dignity of every human being?” Our response is, “I will, with God's help.” This report concludes with confidence that this commission sought to fulfill this covenant and trusts that the 74th General Convention will affirm it by passing the submitted resolutions.