

Standing Commission on National Concerns

MEMBERSHIP

Ms. Judith Amber (Nebraska) 2003, *secretary*

The Rev. Dr. Mark Anschutz (Texas) 2003 replaced by the Rev. Daniel J. Riggall (Maine) 2000

Dr. Hobart M. Banks Jr. (California) 2000

Ms. Pam Chapman (Michigan) 2003 replaced

Ms. Jean M. Pinder (Arizona) 2003

Dr. Cynthia B. Cohen (Washington) 2003, *chair, Task Force on End-of-Life Decisions*

The Rev. Randolph K. Dales (New Hampshire) 2000

Dr. John E. Fryer (Pennsylvania) 2000, *vice chair*

The Rev. Duncan M. Gray III (Mississippi) 2003

The Rev. S. Ross Jones (Oklahoma) 2003

Mrs. Mary Ko (California) 2000, *co-treasurer*

Dr. Richard Ko (California) 2000, *co-treasurer*

The Rev. Sandra M. Levy, Ph.D. (Virginia) 2000, *chair*

The Rt. Rev. John B. Lipscomb (Southwest Florida) 2003

The Rt. Rev. Larry E. Maze (Arkansas) 2000

The Rev. Janice M. Robinson (Washington) 2003

Ms. Deborah J. Stokes (Southern Ohio) 2003

Commission Representatives at General Convention:

Bishop Larry Maze and Deputy Janice Robinson are authorized to receive non-substantive amendments to this report.

INTRODUCTION AND SUMMARY OF COMMISSION'S WORK

The Standing Commission on National Concerns (SCNC) was created by action of the 72nd General Convention in 1997. The purview of this commission encompasses areas of concern previously taken up by the Standing Commission on Health, the Standing Commission on Human Affairs, and the domestic portion of the Standing Commission on Peace with Justice. The breadth of national concerns addressed by this current commission is reflected in the heterogeneity and scope of the resolutions that came before it this triennium. However, the overarching themes of compassion and justice, within a framework of Christian ethics, cuts across all the areas we addressed over the past three years. We believe our work over this past triennium reflects our responsiveness to pressing societal issues that impinge on the Episcopal Church and demand action within our Christian context.

The Standing Commission as a whole met four times during this period. The first meeting was our organizational meeting in Minneapolis where we elected officers, mapped out our work, and laid the groundwork for proceeding over the next two-a-half years. A panel of external, multidisciplinary experts was agreed upon for an End-of-Life Task Force, authorized by resolution, and we then subdivided the commission into working groups responsible for the four other resolutions that had come before us in the areas of health care, human sexuality, and the theology of work. Additional Commission meetings were

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held in Bethesda, Maryland (October, 1998), Richmond, Virginia (May 21-23rd, 1999), and again in Bethesda, Maryland (October 19-21, 1999), and work between commission meetings was carried out by subgroup meetings, conference calls, and e-mail correspondence between working group members. Although the Commission was sub-divided into working groups by areas of background and interests, the background statements, recommendations, and resolutions given in the body of this report were considered and finally supported by the commission as a whole.

PLAN OF THIS REPORT

Because of the breadth and heterogeneity of the resolutions referred to this Commission, each major area of national concern will be considered separately, with background statements, recommendations, and resolutions for each area appearing at the end of each major section. In addition, two new initiatives concerned with abolishing the death penalty in the United States and with the bioethics of genetic manipulations will be considered at the end of our report.

END-OF-LIFE CONCERNS: TASK FORCE REPORT

Origins and Goals of End-of-Life Task Force

When illness strikes, we reach out eagerly for new medical technologies that give us the power to extend our lives much longer than our parents ever dreamed we could. Yet even as we cling to respirators, heart-lung machines, and “miracle” drugs in efforts to avoid death, we know, as Christians, that death is not the last word. At the heart of our faith is the Easter story, revealing that God does not abandon us at death, but raises us into new life. When we acknowledge this deeper truth, we recognize that our struggle is not to stay alive but to live faithfully and to die faithfully.

The shape of our dying, however, has been changed drastically by medical advances during the last generation, especially within the developed world. Life processes can be prolonged by artificial means for extra weeks, months, and even years. If biomedical technology had the power to cure and to restore human function fully, then medical attempts to extend our lives would be an expression of faithful living. But this technology, at times, has only the power to sustain life without returning us to a condition that has meaning and dignity. Moreover, it can obscure when we are dying. Thus, contemporary medical advances challenge us to discern when it is time to cease curative efforts, recognize and accept when we are near the end-of-life, and develop more appropriate ways of caring for those approaching death. Our response to this challenge is informed by how we understand our lives in relationship with God and the community, what that requires, and what that enables in faithful living and faithful dying.

Within this larger context, the 72nd General Convention of the Episcopal Church asked for guidance on end-of-life matters in a resolution that called for the creation of a working group to: study the theological and ethical implications of end-of-life issues, including adequate palliative care, euthanasia, and assisted suicide, taking into consideration pertinent studies in the Christian moral perspective, such as the Washington Report (*Assisted Suicide and Euthanasia: Christian Moral Perspectives*), previous resolutions of the General Convention, and recent Supreme Court decisions.

An End-of-Life Task Force was formed in response to this resolution composed of the following persons:

Cynthia B. Cohen, Ph.D., J.D., Senior Research Fellow, Kennedy Institute of Ethics, Georgetown University, Washington, D.C., Chair

The Rev. Randolph K. Dales, Rector, All Saints' Episcopal Church, Wolfeboro, New Hampshire

The Rev. Dr. Jan C. Heller, System Director, Office of Ethics and Theology, Providence Health System, Seattle, Washington

Bruce Jennings, M.A., Executive Vice President, The Hastings Center, Garrison, New York

Margaret E. Mohrmann, M.D., Ph.D., Associate Professor of Pediatrics, University of Virginia Medical Center, Charlottesville, Virginia

The Rev. Dr. E. F. Michael Morgan, Rector, Church of the Good Shepherd, Athens, Ohio

The Rt. Rev. Kenneth L. Price, D.D., Suffragan Bishop, Diocese of Southern Ohio, Columbus, Ohio

The Rev. Dr. David A. Scott, William Meade Professor of Theology and Ethics, Virginia Theological Seminary, Alexandria, Virginia

Timothy F. Sedgwick, Ph.D., Professor of Christian Ethics, Virginia Theological Seminary, Alexandria, Virginia

David H. Smith, Ph.D., Director, The Poynter Center for the Study of Ethics and American Institutions, Indiana University, Bloomington, Indiana

Karen Roberts Turner, J.D., M.A., Partner, Montedonico, Hamilton, and Altman, Bethesda, Maryland.

The Episcopal Church has largely developed moral teachings related to Christian faith through resolutions passed at General Convention. A rush to legislate by means of resolutions, however, tends to politicize and divide the church. This task force was blessed with the opportunity and challenge to do something different. It was a group that had not been charged with representing a variety of specific interests but with providing “a wide range of expertise and approaches to medicine, ethics, and theology.” It was a “working group” in the sense that it did not claim authority to give final answers to pressing questions that can arise for Christians near the end-of-life but was working toward these. It derived strength and insights from many Episcopalians, both clergy and lay persons, who responded to its request for comments, ideas, and materials related to concerns that arise for Christians near the end-of-life. Although the task force hoped it would achieve a *consensus fidelium*—an understanding that could be shared in common by the faithful—it saw itself as an exploratory body carrying further conversations already in progress. It aimed to provide a new and constructive initiative in the life of the church whereby effective teaching materials might be developed.

In a book, *Faithful Living, Faithful Dying: Anglican Reflections on End-of-Life Care* (Morehouse), the task force has addressed the range of theological, ethical, pastoral, and public policy issues created by the need to provide loving and fitting care for those near the end-of-life. This task force book is meant to be used hand-in-hand with another book, *Toward a Good Christian Death: Crucial Treatment Choices*, by the Committee on Medi-

cal Ethics of the Diocese of Washington (Morehouse). The latter book considers questions related to death and dying largely from the perspective of individuals making health care decisions near the end-of-life, whereas the End-of-Life Task Force book also takes into account the congregation and the larger church community. The two books together are designed for use by church bodies; diocesan and congregational groups; clerical, seminary, and lay classes; religious and secular ethicists; public policy makers; health care professionals; individual Episcopalians; and those of other religious traditions or of no religious tradition who have an interest in these matters.

The Report of the End-of-Life Task Force: Faithful Living, Faithful Dying: Anglican Reflections on End-of-Life Care

The End-of-Life Task Force here offers a brief summary of its book, *Faithful Living, Faithful Dying: Anglican Reflections on Care at the End-of-Life*.

Part I, “Theological and Ethical Understandings,” presents characteristic Anglican understandings as they illuminate matters that arise for those approaching death. Part II, “Responding to the Needs of those Near the End-of-Life,” proposes ways in which these understandings can shape Christian responses to the ethical questions, pastoral matters, ritual concerns, and public policy issues that can arise for those near death. Overall, both parts address four distinct and yet sometimes overlapping groups: (1) individuals, families, friends, and health care professionals; (2) congregations; (3) the church-at-large; and (4) public policy makers.

Part I. Theological and Ethical Understandings

CHAPTER 1. THE REALITY OF DEATH

Pressing questions that emerge at the end-of-life today are shaped by our understanding of two distinct meanings of death—death as a part of life and death as a specific event in our lives—and by our conviction that death is a doorway to new life with God.

Our life-long awareness that someday we will die provides a spiritual discipline that teaches us, as Christians, to overcome the dread and loss that death conveys and to accept and prepare for it as a part of faithful living. We can choose to live bravely and faithfully in the face of death, setting it within a larger Christian story. Death moves to the center of our lives as a specific event when we learn that we are terminally or chronically ill with a condition that will advance inexorably to death. The event of death, *The Book of Common Prayer* teaches, is a communal one, rather than an individual incident in our biological trajectory. Thus, the Anglican tradition calls us to expose the flimsiness of our culture’s attempts to conceal the reality of dying, to prepare for faithful dying, and to nurture and care for those who are approaching death.

CHAPTER 2. GOD, DEATH, AND ANGLICAN THEOLOGY

Dying is a critical turning point in our lives in that it offers us opportunities to gain a new understanding of God’s presence and what God is calling us to do and to be. Yet when an awareness of death reveals the limits of our lives, we turn away from the divine life to idolatry, clinging to the particular goods of life. Paradoxically, we die when we thus deny death, for death is eternal separation from God. We live when we die to ourselves and live in Christ. Redemption is a change of mind and heart that draws us back into relationship

with God.

In Christian faith, there is no final separation between beliefs and actions, for we know God only in the living of our lives. We see this within the Anglican tradition, where Christian faith is envisioned as a way of life grounded in Scripture as celebrated in worship. Worship is *sacramental* in the sense that it reveals, celebrates, and effects God's presence in all of life. Christian faith is also *evangelical* in that Word and sacrament offer saving knowledge that enables a new life and a new understanding of death. As a way of life, Christian faith is *theocentric*, for it is centered on God, the creator and redeemer who gives the gift of life to an interdependent creation. Further, Christian faith is *incarnational*, in that through Jesus Christ we know God as we are acted upon, as we participate in creation, and as we are raised into eternal life. And Christian faith is *corporate*, in that all of creation is reconciled with God and drawn into one body. Although Christian faith does not invariably resolve the myriad questions that arise near the end-of-life, it forms us in such a way that we are responsive to God in matters of life and of death. Thus, we enter the critical point of dying trusting that God is present then as in all of life.

CHAPTER 3. MORAL JOURNEY, ETHICAL COMPASS

The moral life is a communal project lived in relationship with God and our fellow human beings. The sacrament of Baptism in *The Book of Common Prayer* expresses an understanding of the moral life as a journey of on-going discovery for which God is the orienting compass. The moral life addresses virtues of character, as well as principles of conduct. It reflects on the interests and flourishing of the individual, as well as on justice and the good of the community. Moreover, it encompasses many values, such as individual liberty, rights, respect for others, justice, courage, mercy, trust, community, fidelity, empathy, and love.

Anglican moral thought assesses our conduct in view of these virtues, principles, and values in three ways. It evaluates our actions (1) by the intentions, goals, or purposes that they express; (2) by the values that they embody and bring into the world; and (3) by the values that they enable or make "come alive" in relations among persons. The Anglican moral vision offers a communal understanding of who we are and how moral authority near the end-of-life flows from the patient to the family, to those close to him or her, and to the community. In the Anglican tradition, therefore, care near the end-of-life calls for the responsible use of human power; right relationships among persons; and relationships, resources, and empowerment that promote human good.

Part II. Responding to the Needs of those Near the End-of-Life

The task force turns in Part II to explore how the theological and moral vision of death and dying presented in Part I informs the care of those near death and the response to them of family, friends, health care professionals, ordained and lay ministers, and the church. *Sections below in italics highlight the recommendations of the task force.*

CHAPTER 4. USING OUR MEDICAL POWERS APPROPRIATELY

Here the task focuses on several exceptionally difficult ethical issues that arise near the end-of-life as a result of our unprecedented medical powers. These are: how to discern the appropriate uses and the misuses of medical technology, when it is morally appropriate to withdraw artificial nutrition and hydration, the morality of providing pain-relieving

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drugs, and whether physician-assisted suicide should be accepted as a moral and a legal norm.

Anglicanism celebrates our expanding biomedical capabilities and resists any idea that biomedical technology is intrinsically suspect or perverse. Yet it is also cautious about possible misuse of this technology. *Thus, Anglicanism rejects as idolatrous a vitalism that contends that persons must be kept alive by medical means as long as possible. We cannot simply assume that because technology is available, we must use it. Instead, we are called to sustain human life only so long as this honors the whole person in the unity of body and soul in light of such values as love, justice, fidelity, and beneficence. This means that we are not required to continue medical treatment when it creates great suffering and places burdens upon those near death that do not serve human good and the ends and purposes of human life.*

The task force recognizes that artificial nutrition (for example, through a feeding tube inserted into the stomach) and hydration (most often through a tube inserted into a vein) have a close association with caring and feeding. Yet it also recognizes that having a synthetic protein compound pumped directly into the intestine by skilled medical personnel is not the same as eating and drinking with friends. *Artificial nutrition and hydration are forms of medical treatment that are qualitatively different from ordinary feeding. There is a moral presumption that they should be used for persons who are seriously ill. Their use, however, can require the introduction of intrusive and burdensome measures that can physically separate dying persons from loved ones. Hospice professionals indicate that if such feeding is imposed on patients near death who are functionally unable to assimilate it, they experience considerable discomfort and suffering as they die. Moreover, these professionals relate that those near death who refuse such feeding do not have a sense of starvation or thirst so long as they receive appropriate palliative care. Artificial nutrition and hydration, therefore, should be declined or ended when its use would be burdensome and would compromise the values and purposes of human life for a person. The task force, however, rejects any withdrawal of artificial feeding that is carried out with the intention of causing death.*

Although medicine has made major advances in the treatment of pain, ironically, these have not been reaching a significant proportion of patients who are near the end-of-life. The health care professions are making greater efforts to offer palliative care that can alleviate pain, discomfort, suffering, and dysfunction near the end-of-life. Such care is exemplified by hospice, whose basic goal is to provide comfort care for the whole person, ensuring that he or she is surrounded by the human family. The principles that govern hospice care include providing pain control at the end-of-life, allowing dying at home whenever possible, and avoiding excessive use of medical technology. *The End-of-Life Task Force urges patients, families, and health care professionals not to wait until persons have entered the last phases of dying before contacting hospice services. It also calls for hospice-like care, not only for those who are considered terminally ill because they have a life expectancy of six months or less but also for those who are in the advanced stages of chronic illness whose time of death cannot be precisely predicted.*

In the vast majority of cases, appropriate pain relief can be provided to dying persons without placing them at risk of an earlier death. When the alleviation of pain and suffer-

ing in such persons requires the use of narcotic doses that might hasten death, it is morally and legally appropriate to provide these. The fear of addiction in dying patients who receive pain-relieving drugs is misplaced; addiction in such persons is rare and inconsequential. When pain cannot be relieved by other sorts of clinical interventions for those near death, it is morally appropriate to provide total sedation for them. Hospice physicians have learned that they can gradually give increased doses of narcotics that reach a very high level without hastening the death of patients. However, the task force rejects the deliberate and abrupt introduction of high doses of drugs given with the intention of causing death.

Physician-assisted suicide, in which a physician gives a patient a drug or other medical means to use to end life, is not to be confused with withdrawing disproportionately burdensome or futile life-sustaining treatment near the end-of-life. The leading arguments for and against physician-assisted suicide are presented in detail in this chapter of the book. *Members of the task force believe that the Episcopal Church should continue to oppose physician-assisted suicide near the end-of-life because suicide is never just a private, self-regarding act. It is an act that affects those with whom we are in relation within the community, denying them the sense of meaning and purpose to be derived from caring for us as we die. Moreover, it threatens to erode our trust in physicians, who are pledged to an ethic of healing. Finally, it denies our relationship of love and trust in God and sets us up as gods in the place of God.*

To sanction physician-assisted suicide as a matter of law and public policy would undercut the sense of the primary importance of human life that is essential to continued respect and care for human life in our society. Such a policy might well lead to a social climate in which the old, sick, and disabled were pressured to kill themselves to avoid being a burden to others. It would risk making suicide an accepted norm, rather than an exceptional act. The task force does not support the cruel extension of suffering at the end-of-life, but calls instead for the provision of adequate and appropriate palliative care at this time. Where there are drugs to hand a despairing person near death so that he or she can commit suicide, there are drugs to give that person so that he or she can gain relief from pain and come to a peaceful death. That some die today with inadequate palliation, human comfort, and spiritual support is a judgment against the community and its failure to address and support dying persons. The End-of-Life Task Force unequivocally and militantly insists that the practices, financing patterns, and habits that allow miserable dying to be a reality in the United States and around the world must be changed.

CHAPTER 5. MAKING RESPONSIBLE TREATMENT CHOICES

Here the task force turns to several important issues relevant to treatment choices near the end-of-life: truth-telling within the doctor-patient relationship, the use of advance directives for treatment near the end-of-life, and caring for those near death who have limited decision making capacity. It recognizes the need to involve clergy and other members of the community with whom patients are in relationship in these decisions.

The Anglican tradition recognizes that adults with the capacity to make decisions have the responsibility to make health care choices about themselves. This tradition also shares the conviction that health care professionals should speak openly and forthrightly

with patients about their conditions. Full disclosure within the doctor-patient relationship is essential if patients are to gain accurate information that allows them to prepare for dying and if caregivers are to establish a relationship of trust and care with them. Health professionals should consider the worldview, cultural background, and moral framework of individual patients in informing them about their conditions. There are important issues of timing and wording that these professionals should take into account in disclosing the truth to patients. They are called to assure their patients of their willingness to walk the last mile with them near the end-of-life.

Advance directives for health care at a time when death is approaching recognize our life in community. Christians should make every effort to prepare advance directives, including living wills and durable powers of attorney for health care, in order to direct their treatment near the end-of-life. Although both forms of advance directive have certain limitations, they provide a concrete way in which to promote advance planning, communication, and interaction between patients and those close to them. Practically, they prepare others to act on behalf of patients, when necessary, as they approach death.

Extremely difficult ethical questions are raised by the need to make health care decisions for those who cannot decide for themselves. Adults who have never had the capacity to make their own treatment decisions or who have had this capacity only intermittently should be cared for in light of what those close to them perceive as the good, needs, interests, and concerns of these persons. As for all persons, there is no Christian obligation to continue treatment for those who are decisionally impaired when it fails to offer a reasonable chance of recovery or causes suffering that burdens their ability to continue in the larger purposes of life. Although children cannot provide fully informed consent for refusing, beginning, continuing, or ending treatment, they should share in the decision-making process as much as their capacity allows. As children mature, their wishes should be given increasing weight in decisions about their care.

CHAPTER 6. ACCEPTING, CARING, AND MOURNING

The task force explores three attitudes that we must nourish within our congregations if we are to deal honestly and constructively with death. These relate to accepting that we are mortal, sustaining a community of care, and comforting those who mourn. Congregations, which form the heart of the church, have a significant role to play in helping persons and communities develop these attitudes.

Congregations must be unafraid to speak of death. They can help us to cut through our denial of death in several ways. Clergy can explore the subject of dying in preaching and in teaching. Congregations can raise members' awareness of the need to prepare for dying with educational sessions at adult forums and other meetings, using a wealth of educational materials available within the church. They can also assist members in developing advance directives. A growing *ars moriendum*, or art of dying literature is currently circulating among Episcopal parishes around the country that can enunciate shared norms to guide individuals who are coping with end-of-life matters. A sample of this *ars moriendum* literature is provided in the appendix of the task force book.

Furthermore, congregations can serve in many ways to alleviate the fear of abandonment and dying alone of those within and outside the parish. Within the parish community, clergy can make known the resources in The Book of Common Prayer for those who are

approaching the end-of-life and can encourage both public and private prayer for the sick and dying. Visitations of the sick, healing ministries, parish nurses, programs of respite care for families and of assistance with household chores can all be provided as part of parish life. The National Episcopal Health Ministries and several other groups within the church provide information and resources to congregations to assist them in such efforts. Congregations can also assist in the development and support of local hospices. Moreover, the dedication of the community is required to meet the needs of clergy for ministering as they care for parishioners near death and those who love them.

Finally, congregations are called to encourage members to visit those who are mourning and to develop programs of support for the bereaved that extend well beyond the few months after death. Grief support groups sponsored by churches can be immensely helpful to those who mourn. Some congregations have created memorial gardens or columbariums where the ashes of those who have died can be buried. These offer a sense of the connection between the living and the dead. Samples of information about memorial gardens and columbariums are provided in the appendix of the book.

CHAPTER 7. ENRICHING THE CHURCH'S RESPONSE

Ways in which the church at large can expand its ministerial and liturgical support for those who are seriously ill and dying are offered in this chapter. Both ordained and lay ministers are called into changing health care situations today that are fraught with novel ethical, theological, and pastoral issues. New and expanded educational resources need to be developed through seminaries, continuing education courses, diocesan meetings, clergy retreats, and other clerical gatherings. These should explore such areas as medical ethics, functions of health care organizations, theological questions related to the end-of-life, and ministry to the dying. Care at the end-of-life is not a special interest within the ministry, but a central one, since everyone dies and especially needs the prayers and support of the community of faith at that time.

Secular liturgies are being developed within health care institutions today to address the unmet needs of those who die within them and of their families and friends. Within the church, new rituals are informally springing up in response to a cry for ritual support from those who learn they have a serious illness, those making difficult decisions near the end-of-life, and those who care for them. *The church is being called, not only to use available rituals for those near the end-of-life but also to expand these and to develop new services and prayers and take account of the changed health care context. These should address the needs of those who learn they are terminally ill, those deciding whether to withdraw life-sustaining treatment, and those who have begun to receive hospice care. The Expansive Language Committee of the Standing Commission on Liturgy and Music is to be applauded for its significant efforts in this direction. A service entitled A Form of Prayer at a Time When Life-Sustaining Treatment Is Withdrawn is provided in the appendix to the End-of-Life Task Force book as an example of these new liturgies.*

CHAPTER 8. BROADENING THE CONVERSATION

Moved by a vision of what faithful living and faithful dying mean, Christians have from the beginning established practices and institutions that offer comfort and support to the dying. The Episcopal Church has a great contribution to make today not only to such

persons and to those caring for them, but also to a society that needs to change radically the manner in which it cares for the dying. This chapter offers ways in which the church can bring the Anglican moral vision to bear on the sphere of public policy. In it, the End-of-Life Task Force makes a case for improved access to palliative care for those approaching death within the context of an improved health care system overall.

Obstacles to providing adequate palliative care for those near the end-of-life are becoming evident today as a result of the ways in which we are responding to the crisis in our health care system. This complex system, which employs millions and accounts for annual expenditures of almost one trillion dollars, touches individuals in highly inconsistent ways. It is fragmented, offering care in settings that have no systemic connection with one another. It is highly bureaucratized, using large numbers of officials to administer huge and unwieldy health care structures. Furthermore, it is irrationally regulated.

There is concern that those who are near the end-of-life are bearing a disproportionate burden of the current effort to cut the costs of this health care system. For instance, current policies at times lead to the discharge of those near death from health care institutions before this is medically appropriate and before they have had time to arrange for palliative care. Moreover, those who are without health care insurance often have no access to palliative and other forms of health care near the end-of-life. Statements made in the past from within the Episcopal Church recognize that we have a moral mandate to provide access to comfort care to those near the end-of-life. Yet the interest of massive economic and political forces in safeguarding the bottom line is pushing that moral mandate to the sidelines.

The spiritual imperative to provide comfort care for those approaching death leads the End-of-Life Task Force to call upon legislators and public policy makers to make more adequate and comprehensive palliative care available. This requires removing existing legal and regulatory obstacles to the provision of adequate and appropriate pain management for those near death and enabling timely referrals to hospice for patients eligible for this form of care. It also requires the development of hospice-like care for those not currently eligible for such care that is, those who are in the advanced stages of chronic illness who will die in the future at a point that cannot be precisely predicted.

In an effort to articulate a vision for end-of-life care in the United States, the End-of-Life Task Force recommends that Episcopal Church leaders first decide what priority to give health care policy, considering whether they can muster sufficient resources to make a difference in this area. If they decide to move forward, they should try to reach consensus about the ends that the church should seek. This would involve making explicit a small set of principles, values, or criteria that have been articulated over the history of the Christian, particularly the Episcopal, tradition. Some of these have been presented earlier in the task force book and elsewhere. When consensus begins to emerge on key principles and values, the church should engage expert consultants to map their implications for crafting health care policy, particularly with regard to end-of-life care. Some of these have also been developed in the task force book earlier.

Finally, the Episcopal Church should foster an association of groups and individuals involved in health care policy, especially near the end-of-life. This association would be composed of groups such as Episcopal health care organizations, the National Episcopal Health Ministries, and the Assembly of Episcopal Health Care Chaplains, as well as indi-

viduals who develop or teach about health policy or otherwise work in areas related to health care policy. This body, in cooperation with the Office of Government Relations, would communicate to policy makers and to the public the positions of the Episcopal Church regarding health care policy, especially as these affect those approaching the end-of-life. It would also advocate for a health care system that guarantees decent primary care for all, particularly those near the end-of-life. Moreover, it would keep abreast of the rapidly changing health care market and developments in biomedical research. Finally, this association would collect and develop resources and teaching materials related to access to health care at various points in the life cycle for the use of dioceses, congregations, and individuals.

Final Reflections

As the End-of-Life Task Force moved forward, it came to realize that it was engaging in a process of theological and moral discernment akin to the one it set out in Part I. This process can be characterized as a faithful, respectful conversation, in which, over and over, the task force returned to the theological bases of Anglican thought and the ethical imperatives of our beliefs. In this process, the task force listened to persons from across the whole spectrum of the church who responded to its request for assistance. These voices enlarged its sense of the complex and painful human realities of fear, hope, and grief faced by those near the end-of-life. Moreover, they offered perceptive insights into how the church and our society has and has not made provision, ethically, spiritually, and practically, for those approaching death and those caring for them. The witness and ministry of the church can be born only where conversations are opened and deepened between those who are dying, those who care for them, and the living, historical reality we call the church. Such conversation, the task force came to realize, is a central work of the church.

When the task force reflected at its final meeting on the process through which it had come to closure, it was poignantly aware of the spirit of cooperation that had grown up within it. Members remarked that their experience in working together in the task force was unlike any they had been through before in a working group and had a sense that the Holy Spirit had dwelt within it. The group was also able to work well together, it concluded, because it had not focused narrowly on the details of particular rights and wrongs or on the specifics of public policy. Rather, its primary concern had been to articulate how the Christian faith informs our responses to end-of-life issues through a vision that is directed toward living fully in the presence of God not only in our dying but in our living. Its focus was on the journey of faith and on the community that bears us all forward in that journey, the church. Above all, the task force took away from its deliberations the piercing conviction that facing up to death and dying is profoundly connected to how we live our lives as individuals and in community with one another.

The task force invites bishops and deputies to General Convention and those who read this Blue Book report to delve further into *Faithful Living, Faithful Dying: Anglican Reflections on Care at the End-of-Life*. Discuss its claims and recommendations with one another and with the whole church and then use these conversations as a springboard for the pursuit of faithful living and faithful dying. For, as Paul declared in his letter to the

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Romans:

We do not live to ourselves, and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or whether we die, we are the Lord's. (Romans 14:7)

Resolution A077 Commend Diocesan and Congregational Study of End-of-Life Issues

- 1 *Resolved*, the House of _____ concurring, That this 73rd General Con-
- 2 vention accept with thanks the work of the End-of-Life Task Force and its pub-
- 3 lication, *Faithful Living, Faithful Dying: Anglican Perspectives on Care at the*
- 4 *End-of-Life*; and be it further
- 5 *Resolved*, That this 73rd General Convention endorse and support an educa-
- 6 tional program that will encourage every diocese and congregation, as well as
- 7 seminaries and clergy, to engage with the theological and ethical issues that arise
- 8 near the end-of-life, giving strong consideration to the use of *Faithful Living,*
- 9 *Faithful Dying: Anglican Perspectives on Care at the End-of-Life* (Morehouse),
- 10 the book developed by the End-of-Life Task Force for this purpose.

Explanation

Advances in medical technology and changes in our health care system are creating difficult questions for those near the end-of-life about when medical interventions should cease and what sort of care will allow them to live in right relation with others and with God as they die. The church, as the upholder of a moral tradition and provider of pastoral care, has a responsibility to provide guidance about these matters. In response to a General Convention resolution, the End-of-Life Task Force has developed a book, *Faithful Living, Faithful Dying: Anglican Perspectives on Care at the End-of-Life* (Morehouse), which provides a theological, ethical, pastoral, liturgical, and public policy discussion of these matters from within the Anglican tradition. This book is directed toward diocesan and parish groups and individuals, seminary and other classes, clergy, health care professionals, church bodies, public policy makers, and other interested persons and groups. It is designed to be used hand-in-hand with *Toward a Good Christian Death: Crucial Treatment Choices* (Morehouse) by the Committee on Medical Ethics of the Diocese of Washington, which is more focused on the perspective of individuals and those counseling them as they make health care decisions near the end-of-life.

Resolution A078 Call to Lawmakers and Physicians to Provide More Adequate and Comprehensive Hospice and Palliative Care

- 1 *Resolved*, the House of _____ concurring, That the 73rd General Con-
- 2 vention, mindful of the resolutions on Health Care of the 69th, 70th, and 71st Gen-
- 3 eral Conventions and the resolutions on Principles on the Prolongation of Life of
- 4 the 70th and 71st General Conventions, call upon federal and state lawmakers to:
- 5 • Remove existing legal, financial, and regulatory obstacles to the pro-
- 6 vision of effective and comprehensive palliative care and pain and
- 7 symptom management for persons approaching death;
- 8 • Enable timely referrals to hospice for persons approaching death;

- 11 • Promote the development of care grounded in the hospice model of
 12 care for those in the advanced stages of a chronic, degenerative illness
 13 who are not eligible for Medicare hospice coverage but whose illness
 14 has progressed to a point where supportive care related to foreseeable
 15 death would be appropriate and beneficial to them and to their fami-
 16 lies;
- 17 • Improve education and training in palliative care and pain and symp-
 18 tom management for health care professionals;
- 19 and be it further
- 20 *Resolved*, That the 73rd General Convention call upon the health care pro-
 21 fessions to improve the quality of palliative care and pain and symptom manage-
 22 ment for those near the end-of-life by such measures as:
- 23 • Providing sufficient levels of pain-relieving or sedating medication
 24 for those approaching death to alleviate their pain and suffering, with
 25 their consent or that of their surrogate;
- 26 • Making timely referrals to hospice care.

Explanation

Too many persons die today with inadequate pain and symptom relief and little human comfort, despite the fact that we have the technical knowledge to control most symptoms near the end-of-life. We urgently need to eradicate legal, financial, and regulatory obstacles to the provision of adequate and comprehensive care to those who will predictably die within six months, as well as to those in the advanced stages of a chronic degenerative illness who will die within the foreseeable future. We also need to improve education and training for health care professionals in palliative care and pain and symptom management, so that they will refer patients for hospice care in a more timely fashion and provide them with adequate and appropriate pain-relieving medication to alleviate their pain and suffering.

NATIONAL HEALTH CONCERNS: HEALTH CARE ADVOCACY

Introduction: Response to Resolution A59A

The Standing Commission on Health observed in its report to the 72nd General Convention that the Episcopal Church, through the ministry of its members, its congregations and dioceses, and its General Convention, has a vocation to health care. In order to carry out that vocation, the commission, through Resolution A059a, recommended that an agency of the Executive Council produce a theological introduction and study guide to use with a report to be developed in the future by a private, secular group, focusing on congressional health care policy.

This task was assigned to the SCNC, which formed a subcommittee on health for this purpose. After considerable investigation, the subcommittee learned that suitable material for study and discussion by congregations and individuals has appeared since 1997, when the resolution was adopted. Within the Episcopal Church, at least two bodies have published books that provide theological and ethical analyses of our changing health care system from an Anglican perspective. Several other works on this subject have been pub-

lished by health care policy experts associated with other Christian traditions. The SCNC therefore determined that these later works eliminated the need to produce an introduction and guide for use with the report of one secular group, for they jointly provide such material for general use.

We present here a brief discussion of several works that address serious difficulties within our health care system and also call on the 73rd General Convention to expand current efforts within the Episcopal Church to meet the health care needs of those with no or limited access to health care.

Relevant Christian publications

A starting point for study and discussion by Episcopalians of problems created by our changing health care system is provided by the 1994 Blue Book report of the Standing Commission on Health, and by the two books previously referred to in the End-of-Life Issues section of this report: *Today a Good Christian Death: Crucial Treatment Choices* and *Faithful Living, Faithful Dying: Anglican Reflections on End-of-Life Care*. Together, these two books provide an up-dated description and analysis of our health care system in the context of discussing adequate care for those near the end-of-life. They also address important issues of justice and charity within our current health care system from the perspective of the Anglican moral tradition.

The statement from the Standing Commission on Health which appeared in the 1994 Blue Book offers additional theological insights into the role of the Christian community in providing health care that can be of assistance to study groups within the Episcopal Church.

Several other books by authors from related Christian traditions would also be of assistance to groups within the Episcopal Church studying matters of health care policy. These include *Back to Reform: Values, Markets and the Health Care System*, by Charles J. Dougherty and *Health Care Reform: A Catholic View* by Philip S. Keane from within the Roman Catholic tradition; *Christian Faith, Health, and Medical Practice* by Hessel Bouma III, Douglas Diekema, Edward Langerak, Theodore Rottman, and Allen Verhey from within the Reformed tradition; *Strong Medicine: The Ethical Rationing of Health Care* by Paul T. Menzel, from within the Lutheran tradition; and *Bioethics and the Future of Medicine: A Christian Appraisal*, edited by John F. Kilner, Nigel M. de S. Cameron, and David L. Schiedermayer from within the Christian Evangelical tradition, and several other traditions.

These works provide useful resources for groups within the Episcopal Church seeking a theological introduction and study guides related to current dilemmas presented to Christians by our health care system.

A Call to the General Convention

Reports from the Standing Commission on Health (1994, 1997), the Committee on Medical Ethics of the Diocese of Washington (1999), and the End-of-Life Task Force (2000) all state that our current health care system is in crisis. It is consumed with a for-profit model instead of a model based on Christian values of healing and compassion. Therefore, the SCNC joins the End-of-Life Task Force in a call to the General Convention to expand current efforts of the church to ensure that the basic health care needs of those

with no access or limited access to health care are met.

A theological rationale for the call to the church body to engage in Christian social responsibility in the area of health care is included in that 1994 Standing Commission on Health report. The 71st General Convention, responded in 1994 by adopting four health care principles directed toward providing universal access to quality, cost-effective, health care services for everyone in the population, stating that 1) “universal access to quality, cost-effective, health care services be considered necessary for everyone in the population; 2) quality health care be defined so as to include programs in preventive medicine, where wellness is the first priority; 3) quality health care include interdisciplinary and interprofessional components to insure the care of the whole person—physiological, spiritual, psychological, and social; and 4) quality health care include the balanced distribution of resources so that no region of the country is underserved.” In order to make a difference in the health care industry, the church needs to go beyond resolutions. It needs to commit resources to make a difference in the provision of health care.

As discussed in the End-of-Life Task Force report, The Standing Commission’s Subcommittee on Health became aware that the church has a National Episcopal Health Ministries and a related Parish Nurse Program. These can assist churches by providing useful resources for developing and maintaining health ministry programs at the local level.

The National Episcopal Health Ministries focuses on both healing and health, combining the ancient traditions of the Christian community and the knowledge and tools of modern health care. The mission of this group is to scatter seeds of health ministry throughout the provinces and dioceses of the Episcopal Church, thereby assisting local congregations in reclaiming the Gospel mission of health and healing. It was formed in 1996 by people of the Episcopal Church who believe that the church, at the local level, needs to live out Jesus’ command to heal and to make whole in body, mind, and spirit. National Episcopal Health Ministries is composed of nurses, clergy, hospital chaplains, social workers, psychologists, teachers, health educators, and others committed to this belief. Collaborating with other faith communities, institutions, and health organizations, National Episcopal Health Ministries provides education and support to those engaged in health ministries. Hospitals are also becoming involved with this program, trying to find ways to be more socially responsible to the community. This program is a proactive response to rising health costs, at a time when health programs are being cut locally and nationally for persons who lack access to the health care system without them.

Health ministry in the local congregation is often provided by parish nurses who can grasp the needs of the congregation and the community in which it lives. Some of their activities include offering seminars on parenting, aging, or nutrition; support groups for grief or cancer; classes for safe baby-sitting, CPR, and first aid; respite care and lay pastoral visiting; free clinics for those who are medically indigent in the community; and partnering with the local health department to immunize children in the neighborhood. This ministry has been highly effective in local congregations across the United States.

These valuable ministries are currently underutilized by the church body today. They need greater support and coordination within the Episcopal Church so that they can assist the Christian community to respond to the need for renewal of our national commitment to the provision of minimally decent health care to those in medical need today. Other groups

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within the Episcopal Church, such as Episcopal health care organizations and associations of chaplains, also need to be drawn into this effort.

The SCNC joins with the End-of-Life Task Force in calling on the Episcopal Church to coordinate better its efforts to change the current health care system and to educate its members about how to gain access to it and appropriate care within it. Episcopal Church groups involved in health care and individuals who develop or teach about health care policy should be drawn together in an association. This body would communicate to the church, to policy makers and to the public the positions of the Episcopal Church regarding health care policy. This association would advocate for a health care system that guarantees decent, appropriate primary care for all.

Resolution A079 Create an Association of Episcopal Health Care Groups and Individuals

1 *Resolved*, the House of _____ concurring, That the Executive Council, at
2 its first meeting of the next triennium, be directed to create a means for develop-
3 ing an association of Episcopal health care groups and individuals, including
4 Episcopal health care organizations, the National Episcopal Health Ministries,
5 the Assembly of Episcopal Health Care Chaplains, and individual Episcopalians
6 who are health care professionals, those who are engaged in or teaching about
7 medical ethics and health care policy, and those who are otherwise working in
8 areas related to health care policy; and be it further

9 *Resolved* That this 73rd General Convention direct this association of Epis-
10 copal health care groups and individuals to work in cooperation with the Office
11 of Government Relations to articulate and communicate to public policy makers
12 and the public the positions of the Episcopal Church with regard to health care
13 policy, especially as these affect those near death; advocate for a health care
14 system in which all may be guaranteed decent and appropriate primary health
15 care during their lives and as they approach death; and keep abreast of the rap-
16 idly changing health care market and developments in biomedical research as
17 they affect health-related public policy; collect, collate, and develop resources
18 and teaching materials related to access to health care for the use of dioceses,
19 congregations, and individuals; and be it further

20 *Resolved*, That this 73rd General Convention direct the Executive Council
21 to report back to the 74th General Convention about the means they have cre-
22 ated and about its progress in developing an association of Episcopal health care
23 groups.

Explanation

Important developments in the provision and financing of health care, in biomedical research, and in health-related public policies are taking place with increasing rapidity today. These have significant implications for the health care of all persons living in this country, especially those near the end-of-life. The Episcopal Church has a moral imperative to continue to make a significant contribution to decisions about how these developments should be structured, funded, and delivered. By creating an association of Episcopal groups and individuals who work in areas related to health care, the church will provide a focused way

to advocate for a health care system in which all may be guaranteed decent primary health care during their lives and as they approach death. Such an association will also be ready to articulate and communicate to public policy makers and to the public the positions of the Episcopal Church with regard to health care policy. Moreover, the association will take steps to keep informed about the health care market and developments in biomedical research and to collect, collate and develop resources and teaching materials related to access to health care that can be used by dioceses, congregations, and individuals.

Budget Implication: \$50,000.

HUMAN SEXUALITY CONCERNS: FIDELITY

Introduction: Response to Resolution A071

The SCNC commends Resolution A071 of the 72nd General Convention, which promotes the continuing use of dialogue as a process for facing questions about human sexuality and has provided resources to assist in that process. The Commission has forwarded Resolution A071 to the Executive Council for implementation.

Expanding the Dialogue: Fidelity in Human Relationships

The SCNC commends the continuation of dialogue on human sexuality for those who wish to engage in a focused conversation, utilizing models of dialogue that have been developed for use within the national church, and which have been found effective in a number of dioceses. (See our response to resolution A071 above.) But we also believe that even more important than a continuation of a process that seems, by report, possibly to have run its course, is the expansion of the dialogue, focusing on important issues essentially related to sexuality, but which are broader in nature, and transcend the current polarities in the process.

Human Nature is Grounded in Community.

If, in reflection of our Trinitarian God, humans are created essentially to be in relationship, and thus, being in community is primary to our human condition,¹ then the maintenance and enhancement of diverse relationships within Christian ethical and moral parameters is fundamental to the flourishing of the Christian community. Unfortunately, however, in our essentially secular and post-modern, relativistic culture, marriages fail as often as they succeed, habitual lying becomes “lack of full disclosure,” and friendship becomes an occasion of betrayal through the taping of phone confessions.

We believe that the church should play a major role in helping her members sort through the complex ethical issues related to the maintenance of human community and should provide resources for building up this community through conversation and training. Particularly important is the task of shaping our youth, now influenced by a culture that is explicitly secular, hedonistic, and materialistic. Although we have promoted the study of issues specifically related to sexuality and its expression,² we have not promoted the examination of issues of human-being-in-relationship, that are both primary and broader than specific sexual behavior. Such interpersonal factors as respect, truth-telling, loyalty, trust, friendship versus intimacy, promise-keeping, and fidelity are basic elements of human relationship within the Christian community .

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Moral Relationships: Intimacy, Trust, Respect, Promise-keeping, Truth-telling, and Fidelity.

If trust is “to deliver oneself over into the hands of another,”³ then in its broadest sense, trust is the expectation that the other will act in accord with his or her public presentation, that the other is genuinely displayed to the viewer, that the other is real and authentic.

Closely allied to trust, and perhaps an element of it, is respect.⁴ The other is not simply a “thing to be grasped, measured and catalogued,” but rather the other is other than myself, yet equally worthy, possessing subjectivity and freedom in equal measure to myself.

Flowing from such respect and shoring up the foundation of trust is both truth-telling and promise-keeping in relationships. Our relationships depend on truth, because unless the other speaks truthfully to me, there is no authentic other in the relationship, but only a phony image or facade, undermining my trust. Perhaps for our youth, the discussion of truth-telling is particularly difficult, being exposed to a culture that is based in part on skillful lying, from politicians to advertisers to ordinary citizens lying on tax returns.

Keeping a promise is at the heart of our vows made to one another in marriage and other faithful, covenanted partnerships. And finally, fidelity can be conceived of as trust extended through time (Stanley Hauerwas speaks of “sticking with what you are stuck with!”). It connotes loyalty to the other, enduring with the other through all circumstances.

A proposal from the Standing Commission on National Concerns

All of these complex relationship factors with respect to fidelity and intimacy, in covenanted relationships and friendships alike, are well addressed in a variety of resources. For example, Catherine W. Wallace’s book, *For Fidelity*,⁵ addresses profound issues in human interrelationships beneath and more fundamental than particular sexual orientation. Wallace shows that sexual expression promotes well-being and human flourishing only within relationships where true intimacy develops, intimacy based on fidelity and promise-keeping.

Most important, in this time of short-lived “commitments” and casual couplings, where our youth are strongly influenced by peer group pressures exerted within an atmosphere of free-floating normlessness, Wallace focuses on the development of sexual morality and fidelity in our children. In a time when parents are themselves confused and are at sea in terms of guiding their children, Wallace’s book provides guidelines for formative conversation and storytelling with today’s youth on such topics as desire, intimacy, virtue, and blessing. The SCNC commends this book (now in paperback) for use by churches and dioceses, in order to encourage discussion of such issues described here at the local level. To facilitate such discussion, Wallace has developed a study guide, now available on-line from Vintage publishers.

Resolution A080 Promote Dialogue on Fidelity in Human Relationships

- 1 *Resolved*, the House of _____ concurring, That the 73rd General
- 2 Convention commend the process of dialogue on fidelity in human relationships,
- 3 as well as conversation and study of related issues, such as promise-keeping,
- 4 truth-telling, trust, forgiveness, the nature of friendship, intimacy, loyalty, and
- 5 integrity, as a way to open new windows on the issue of human relationships,

- 6 including sexual ones, in a way that will transcend present polarities and build
7 up community within society and our church.

Response to Resolution D001a

Resolution D001a directed this commission to “coordinate the gathering of resources from other denominations and organizations that can be used by congregations, groups, or individuals who desire to minister in the area of combating pornography, with emphasis on child pornography, to enable effective responses to exploitative forces which corrupt us, our children and our culture.”

Resources have been gathered from sources ranging from government studies to organizations whose primary work is in the area of combating the effects of pornography on children and youth. These resources are now available through the Ministries with Young People Cluster, 815 Second Avenue, New York, NY.

As the SCNC considered the issue of pornography in the larger arena of sexual health and unhealth in society, it became increasingly apparent that pornography is not, as it is often portrayed, a “victimless crime.” Pornography distorts human sexuality by removing the need, even the desire, for human relationship. Yet, the loneliness of pornographic addictions is antagonistic to that deep and abiding drive to establish relationship as an essential part of being human. The damage to children who are still in formative stages of learning relationships is catastrophic—both by being subjects in pornographic enterprises and by being invited to become consumers of pornography. There are, for example, literally hundreds of hard core Internet sites available with little or no control as to clientele.

By gathering material that is already available to combat pornography, the SCNC has only scratched the surface of a problem that is symptomatic of the larger problems of sexual confusion in this society. We trust that as we address the larger issues, this problem will be met as well. Meanwhile, we call upon the church to recognize that the growing pornography industry across the globe is but a symptom of our failure to see sexuality woven into the fabric of healthy human expression. Sexuality, wrenched from the human fabric and unrelated to what makes up holistic living, is easily corrupted by promiscuity, exploitative sex, or pornography.

THEOLOGY OF WORK CONCERNS

Introduction: Response to Resolution C004

Resolution C004 requested “an appropriate Interim Body to initiate a wide-ranging study relating to the theology of work, in the light of the impacts of re-engineering, downsizing, automation, and changing governmental policies and corporate practices; and that the Interim Body present to the 73rd General Convention the results of such study, and a plan through which the Episcopal Church could participate with other religious, educational, governmental, and business communities in the development of a new theological understanding of work and its implications for the economic and governmental policies of our nation and the world.”

Episcopal Church Involvement in the Area of Work

The Episcopal Church has had a long history of involvement in issues of capital and labor⁶. For example, in 1887, the Church Association for the Advancement of the Interests

of Labor (CAIL) was organized by Episcopal clergy, and in 1901, the General Convention established a Commission on Capital and Labor, with the Rt Rev. Henry Potter as its head, to study the labor movement as well as conflicts between labor and management and to offer itself as arbitrator when appropriate.

Though these and other early efforts later became overshadowed by other social concerns, commitment to labor and justice issues remained alive, and in 1982, General Convention passed a resolution “recommending to government, private corporations, and unions a list of criteria for economic decisions that included maintaining wage and salary standards and supporting collective bargaining.”⁷ The Economic Justice Implementation Committee was established at the General Convention in 1991. And the 1997 General Convention passed a resolution supporting a living wage and called for the development of a broad theology of work, coupled with a national plan for implementation.

The last cited initiative, along with a report⁸ prepared by the Council of Churches for Britain and Ireland, led directly to the work of this commission. A sub-committee was formed at our first meeting, which met in Philadelphia and conferred by conference call. Contacts were established in both the Dioceses of Southern Ohio and Los Angeles, where clergy and other scholars were already actively engaged in labor and justice issues, and these contacts recently culminated in a national conference sponsored by the Diocese of Los Angeles, April 22-24, 1999.

This section of the SCNC Report is the product of these meetings and gathering of resources by many who have collaborated with the commission in this important area. We view this as an interim statement, laying at least a partial basis for continued development of a broad theology of work and highlighting areas to be addressed during the next triennium.

Initial Reflection on a Theology of Work

Central to the theology of work is the view of work as *praxis*, which is a larger notion of work than merely bringing home a paycheck to pay the bills. Many mothers work hard and long hours to make a home and nurture children, thus contributing centrally to their family well-being, but do not get paid for their labor. In this larger sense, work has been defined as “making a living and making a life, not necessarily involving financial remuneration, by producing goods or offering services.”⁹ It is this larger view of work with which we are concerned here.

A Biblically Based Theology

Perhaps the first “gospel of work” is found in the book of Genesis, embedded within the creation story, itself. Humans, created in the image of God, are called to share as co-creators with God in the husbanding and development of creation’s resources. In being created in God’s image, humans are to imitate God in cycles of working and resting. And this dynamic working of God throughout creation is an ongoing activity, as Jesus says that “my Father is working still” (Jn.5:17).

Throughout the books of the Old Testament, many references are made to human labor. To cite only a few, there are Hebrew scripture references to craftsman (Ex 31:1-5), potters (Jer 18:3-4), farmers (Is 5:1-2), musicians (Gn 4:21), shepherds (Ex 3:1; 1 Sam 16:11) and fishermen (Ez 47:10). Jesus, himself, constantly spoke of human labor in his

parables, referring to shepherds (Jn 10:1-16), farmers (Mk 12:1-2), sowers (Mk 4:1-9), servants (Mt 24:45; Lk 12:42-48), fishermen (Mt 13:47-50), and various forms of women's work (Mt 13:33). Discipleship is metaphorically described by Jesus as work of harvesters (Mt 9:37) and fishermen (Mt 4:14). Paul, of course, boasted of his trade as tent-maker (Acts 18:3) and also wrote proudly of the fact that he and his co-workers had earned their own way, laboring so that they were not a burden to those they were living among (2 Thes 3:8). He encouraged his readers to "work heartily," whatever their task, "as serving the Lord and not men...." (Col 3:23-24).

Christian tradition has thus viewed work in the largest sense as a self-transcending activity, that is, as humans work, they not only alter "things and society," but humans develop themselves, as well.¹⁰ "In fact there is no doubt that human work has an ethical value of its own, which clearly and directly remains linked to the fact that the one who carries it out is a person, a conscious and free subject, that is to say, a subject that decides about himself (or herself)."¹¹

Clearly, however, in our complex and internationally interdependent economy, many do not have the opportunity to "decide" about themselves and flourish in their labor as co-creators with God. Although there is not space here, nor is it our purpose to detail the current economic structure in the U.S. today, contemporary economists have scrutinized and analyzed the economic state of our country and have described a highly complex, and in many ways deeply disturbing scene. "The internationalization of the economy proceeds apace, from the transfer of production abroad to the nation's emergence as an international debtor."¹² Transnational corporations centralize control over production, and decisions are primarily made from a global perspective. Growth in global profits and market shares frequently override interest in the balance sheet of any particular subsidiary operation; companies get "downsized," and jobs get lost in the process.¹³

On the national scene, there seem to have emerged profound changes in our society's attitudes toward work and the American welfare state. For example, this Administration has passed what some consider the most punitive welfare bill (to "reform welfare as we know it") in this nation's history. And many moved off of welfare are forced all too frequently to take minimum wage jobs for which they are untrained and unskilled, without adequate child care for their dependents or transportation to the work that comes their way.¹⁴ There seems to be also an increasing utilization of "temp" workers, minus any health insurance coverage or other benefits. "Guaranteed poverty is a minimum wage below the poverty level and is a precarious perch. Likewise, any job without minimal health insurance benefits means that workers are simply one minor illness away from disaster."¹⁵

But again, it is not only those on the lowest rungs of our society who suffer in the current scene. Even after the 1997 increase, the minimum wage for full-time work falls short by 19 percent in providing enough support to keep a family of three above the poverty level. For a family of four it is insufficient by 37 percent. The erosion in the minimum wage since 1968 is the more remarkable since our economic productivity has risen by 52 percent during this period. If low-wage workers were to receive a commensurate share in this productivity increase, the minimum wage would now be 11.20, not 5.15.¹⁶

Additionally, segments of the middle class (so called "middle managers") are also squeezed economically, many unable to afford health care or child care, along with mort-

gages and car payments, without at least two jobs supporting each household.¹⁷ Overall, family income has been declining for 80% of American families over the past decade, with the average worker's wage declining by 7.3% between 1989 and 1997. Even new college graduates now earn 7% less than their counterparts in the late 1980's.

At the same time that these trends are becoming visible, economic disparity between the wealthiest in this country and those less well off is striking. For example, those in the 99th percentile in terms of income own 42% of all real wealth as of 1995, and the average CEO makes 144 times the average worker in 1997. On the other hand, the number of workers covered by pensions is declining, as is time off for vacations and holidays.¹⁸

Against this complex economic backdrop, mainline churches have responded to the current crisis within the workplace with position papers and resolutions, as well as calls for action.¹⁹ As previously noted in this report, both the Anglican and Roman Catholic communions have addressed current problems of labor and capital within a Christian perspective. All of these church documents call for worker solidarity and the solidarity of workers with the Christian community in the cause of economic justice and workers' dignity and rights.

The report on work issued by the Council of Churches for Britain and Ireland concludes that work of some kind is both "a right and a duty for everyone who is capable of doing it," and calls for local congregations to support workers in their daily labor, raising the level of awareness in churches concerning issues of fair compensation and full employment for those who can work. And the U.S. Roman Catholic Bishops' report on economic justice²⁰ outlines moral principles upon which their call to economic action is based. Among these principles is one stating that "all people have a right to participate in the economic life of society." The bishops note that this means that when people are without a chance to earn a living and must go hungry and homeless, they are being denied basic rights.

As important, and we believe as irrefutable as these Christian truths and principles are, it is also necessary to recognize that these mainline church pronouncements in this area, have not gone unchallenged. In fact, some criticisms have been raised by thoughtful persons of faith. We believe it is also important to recognize major counter issues, before addressing recommendations and proposals for future work in this area.

Cautions Raised

While both Birnbaum and Williamson²¹ are highly laudatory regarding the intent of previous mainline church efforts to re-awaken conscience and stir actions to create a more just labor scene, they both also raise the same basic point: Good intentions expressed through legislative lobbying, direct appeals to leaders, marches in the street, and certainly sweeping social justice resolutions passed by mainline church bodies may accomplish little in the long run because at least on a macro level, our larger economic problems are structural in nature. They argue that the base of our economic problems is rooted "in the nature of our polity and economy." Birnbaum puts it this way: "The bishops seek to provide our economy with criteria of human wholeness. They ask 'blue-collar workers, managers, homemakers, politicians' to consider the moral dimensions of their tasks, but underestimate the extent to which we are all prisoners of what Weber termed the 'iron cage,' the

institutionally generated system of constraints that constitutes the organization of Western capitalism.”

Persons are selected for high office and expected to guard and enhance our socio-economic system precisely because they embody competitive aggressiveness and are thus given political and financial reward. So politicians get elected to office, and corporate leaders are appointed, and no one lifts a finger amid public scandal because the economy is sailing along...for many. And although managers may want to be morally humane, they have to contend with, and work through, institutions which are driven by bottom line profitability.

Now this is not to say that nothing changes, or no ordinances have been passed in recent years achieving some progress along social and economic lines. Witness the passage of “living wage” ordinances²² in at least twenty-eight cities to date. These “living wage” initiatives require companies to pay their workers enough to enable full-time workers to raise their families outside poverty, apart from government subsidies. For example, the passage of such an ordinance in Los Angeles in 1997 contains mandates for health care coverage for workers doing business with the city.²³

Nevertheless, both Birnbaum and Williamson make a strong case for the need to develop alternative structures for our society, a vision that incorporates Christian principles, but also imagines a new economic structure where cries for justice might be heard, and where systemic injustice is not perpetuated by those who climb up in the current system. “The imagination of a different society fails us...Moreover, we know that imagination, in the sense of the ability to think of institutions as differently organized, is not only a matter of cognition; it is also one of (the heart), of affective engagement. We may be in a vicious circle in which the absence of a deep demand for change in effect consecrates the institutions in which we live, endows them with spuriously permanent traits.”²⁴ And again, one could argue that laws and structures are not changed until there is a new vision, an imaginative horizon of meaning that colors the perception of others different from ourselves, capturing the hearts of large numbers of citizens, such as occurred during the civil rights movement in this country.

As supported by both the literature cited here, as well as Christian tradition, there is a clear scriptural and theological base from which a prophetic call in the area of work can be issued from our church. This preliminary report wishes to focus on initiatives that the church can consider at the national but especially at the regional and local level, aimed at shaping public vision and values in the area of work and leading to structural changes that may achieve greater justice for all in our society.

What the Church Can Do: Areas to be Addressed

The Episcopal Church Pension System

A number of SCNC members raised the question whether the national church itself should examine its own employment and compensation policies. For example, there is currently great disparity between pensions for clergy retiring from large, affluent, usually urban parishes, and those retiring from small, less wealthy, frequently rural churches. In contrast with the church in England, in this country both salary compensation, and hence, pension allotments are a direct function of where one is fortunate enough to serve. There are currently retired clergy in the U.S. who struggle to maintain themselves and their spouses when their health begins to fail and they need assisted living.

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While the Episcopal Church does have a long history in the area of economic justice and labor, our focus has typically been outward, rather than inward on church economic policy and structure.²⁵ Therefore, along with considering theology of work issues to be addressed outside the church, the commission also believes that some consideration should be given to such issues within our system of employment.

Educational Initiatives at the National Level

Through various educational resources, the church seeks to shape our Christian vision and integrate our knowledge of the world with God's Revelation; seeks to enlighten and instruct what it might mean to be created by God as human being, with an ultimate destiny within the Kingdom of God; and seeks by educational means, to build up the human community of peace and justice, teaching the value of both work and creation, and the responsibility that each bears for all members of the human family.

With this in mind, it seems to us that the Episcopal Church has an opportunity, not only within parishes, but also within its seminaries and secondary schools, to focus on principles of social justice, along with the biblical and ethical principles that support ideas of economic justice for all.²⁶ There are already documents and resources available for such study within such schools, including the various justice-related encyclicals and pastoral letters coming from the Roman tradition, as well as texts available from our own Anglican tradition.

Areas to be Addressed Locally

A number of church critics, from both the theological right and left, have urged that there should be a greater emphasis on "being the church," as Williamson says, by pulling people into communities of commitment at the congregational level. Since it seems to be strong communities with a sense of identity that distinguishes churches that are growing from those that are not, it may be just those who know who they are and what differentiates them from the larger cultural values that will take the lead with other organizations in altering the larger cultural landscape.

At the level of local politics, such parish communities might prove to be focal points for developing alternative economic enterprises. While federal policies are difficult to alter, state and local politics are often more open to experimental models and alternative solutions. Such parishes can become bases out of which concerned Christians can lobby for local change. They can provide seed support for ecumenical efforts, such as church-owned businesses that provide meaningful work to those without any.

Parker and Birnbaum²⁷ have both suggested the development and fostering of multiple coalitions at the local level to raise consciousness and promote action related to common economic causes. Birnbaum points out that both the impoverished and those who are at the moment at least working have interests and concerns in common. Working together, the working poor, the middle class, and senior management can focus on issues they share, such as the need for affordable health care and an affordable educational system. Congregations can be the locus for such coalition-building, providing a common language and reaching for common solutions to take to their local legislatures and lobby for support.

In general, we believe that the church should consider its role in healing the pain created by this economy, not just material pain felt among the disadvantaged, the working

poor, and the stressed and economically squeezed, but the moral pain and spiritual impoverishment that cuts across classes in the United States today.

Finally, at the parish level but related to the education especially of our youth, one of the Los Angeles conference participants urged that the church needs to “grow people for whom justice is a part of life.” In our baptismal covenant, every parent promises to shape his or her Christian child to seek after justice and honor every person. We need to address at the parish level how we can continue to shape our youth as moral visionaries.

Proposal for Future Work and a Resolution

Recognizing in this report the theological and social issues related to work in this country—issues which the authorizing resolution of the 1997 General Convention recognized—the SCNC proposes in the next triennium to convene four regional consultations, as well as a Task Force on the Theology of Work.

Specifically, the SCNC commends the convening of four regional consultations over a twelve-month period (late fall 2000 to fall 2001) to develop regional perspectives on the work-related issues raised here, involving lay and clergy in each region. Such perspectives would inform the work of a Task Force on the Theology of Work.

Second, the SCNC commends the convening of this task force, consisting of community leaders, working people, economists, labor leaders, and theologians. The goal of this task force, meeting from summer 2001 to winter 2002, will be to investigate the principal causes of work-related stresses and injustices, including their relation to economic policies both public and private, and to begin to formulate the principal questions that a theology of work might pose to this church in light of such developments. The findings of this task force would, among other things, constitute significant input to our seminaries, colleges and schools, as well as contribute to the SCNC’s final report in 2003 to the General Convention.

Resolution A081 National Support for the Implementation of a Just Wage

1 *Resolved*, That the House of _____ concurring, That this 73rd Gen-
 2 eral Convention of the Episcopal Church, urge Bishops and leaders within their
 3 dioceses actively to support the ongoing implementation of a living wage within
 4 the institutions of the church, as passed by the 1997 General Convention and
 5 continue to advocate the passage of living wage ordinances at city, county, and
 6 state levels.

DEATH PENALTY CONCERN: A SERIOUS MORAL ISSUE

Introduction

Since 1958, the Episcopal Church has officially opposed capital punishment in repeated statements and calls to the “dioceses and members of this church to work actively to abolish the death penalty in their states.”²⁸ However, despite such calls, the number of executions in the United States continues to grow at an accelerated rate in states where it is permitted (thirty-eight states, plus two federal jurisdictions) and has now exceeded 500 state-induced deaths since the reinstatement of capital punishment in this country in 1977.

Along with this accelerated rate of executions, there appears to be an increasingly conservative political mentality in this land that supports and encourages elected officials in a pro-death stance. In fact, it has been argued that any politician opposing the death penalty in his or her jurisdiction runs the risk of countering strong public sentiment in support of capital punishment, thus jeopardizing his or her political career.

Given this political and social climate, we believe that it is time for the church to speak out again with a strong voice on this matter.

Current Scene

“‘The example of the gallows is that a man’s life ceases to be sacred when it is thought useful to kill him.’ Apparently it is becoming ever more useful; the example is being copied; the contagion is spreading everywhere. And together with it, the disorder of nihilism.”²⁹

Indeed, the contagion is spreading across this country. The sharp slope upward in the rate of killing is reflected in national statistics reported over the last twenty years, with one execution carried out in 1977, 25 deaths in 1987, and 74 deaths reported in 1997.³⁰

Along with this escalation has come an increase in public awareness of the death penalty process, with much media attention given to spectacular cases of death row release for prisoners who have been found innocent, sometimes by reanalysis of tissue samples, using new DNA technologies, and sometimes through serendipitous means. And in the recent past, there was also considerable media attention given to the execution of the first woman in this country in recent memory by the state of Texas, as well as a flurry of news reports about a recent emotional appeal for clemency made by the visiting Pope for a prisoner scheduled to be executed the next day.

Despite this public attention, however, a recent Gallup poll ³¹ showed that 77% of American adults favor the death penalty and that this opinion is relatively independent of religious affiliation. The poll further showed that the group that was most likely to favor the death penalty consisted of adults who considered religion fairly important in their lives. In fact, among this group, 84 % supported execution by the state.³²

On the other hand, while the U.S. has been expanding the death penalty and accelerating executions, the world community has been moving away from the death penalty. There are now more countries (approximately 100) that have abolished capital punishment in law or in practice than countries which retain it. Since 1976, an average of two countries per year have abolished the death penalty, at least for ordinary crimes. The United Nations has called upon member states to move towards abolition of the death penalty, to stop expanding it to new crimes, and not to apply it to juvenile offenders. And new countries joining the Council of Europe, which includes many former communist countries, must pledge to abolish the death penalty in three years.³³ As of 1996, only the U.S. and Japan among the developed nations still maintain and use the punishment of death.³⁴

Perhaps one reason for this lag, despite an increasing activism on the part of the church hierarchies in this area, is an unexamined, but entrenched religious tradition that supports capital punishment. Although there is not space here to examine the history of Christian tradition in this area,³⁵ in general, theologians since the days of Constantine in the fourth century, when the church and state became one, have generally supported the

death penalty on various grounds. These grounds include the requirement that it be carried out for only the most serious crimes (apart from war or treason, this has always meant for murder), that it be carried out by legal authority, and that the person be proven guilty by fair trial by peers, with adequate defense provided.

Of course, for theologians to have traditionally set down conditions for execution by the state presupposes the existence of a state's right to carry out such killings. Today, those who oppose capital punishment even on secular grounds argue that even if there is an abstract right, the exercise of that right can be challenged under the current circumstances, which are very flawed, as a recent report and review of the death penalty in this country concludes:

...(T)he death penalty remains infected with injustice. Race, economics, local politics, and a host of other factors that have nothing to do with the stated purposes of capital punishment, dictate who is executed and who is spared. While the death penalty may satisfy some people's need for revenge, in practice it remains a lottery in which the American system of justice is the ultimate loser. After twenty years it is fair to conclude, with retired Supreme Court Justice Harry Blackmun, that "the death penalty experiment has failed."³⁶

A contemporary theologian³⁷ also carefully draws the distinction between a right that states have traditionally had to punish by killing and the exercise of such a right. He concludes, after reviewing the history of the death penalty in Western civilization, and after reviewing all of the pro and con arguments related to it, that absent a clear demonstration of the need for it, which seems almost impossible apart from extraordinary conditions like war, there are the strongest reasons for abolishing the death penalty as part of the ordinary criminal code. Thus, there have been movements in support of both a national and a global moratorium on capital punishment.³⁸ Since there are alternatives to the death penalty, such as life in prison without parole, there is no justification for continuing the current state of affairs in this country.

One could argue that what ultimately governs a society is not its laws, but moral consensus. It follows then that laws will not be changed, enacted, or enforced unless there is a general moral consensus to support them. "Underlying every enforceable law there has to be a clear understanding of its moral objectives and a willingness to accept it."³⁹ We believe that this moral consensus will not come about in society or in the church and her members until a careful examination is carried out at the diocesan and parish levels regarding the scriptural and religious basis for abolishing the death penalty in this country. In the remaining space, we will attempt to address the heart of those issues and recommend steps to be taken at the parish level for attitude change based on moral insight.

Religious Principles based on our Scriptural Heritage

This is a very large topic, and space constraints here will not allow for a full discussion. The interested reader is referred to the works by Hanks and by Megivern cited above.

Hanks and others point out that Christians who support the death penalty rarely appeal to the Gospels, but rather, appeal more typically to Paul's writings, especially to Romans 13:3-4. Paul says: "For rulers are not a terror to good conduct, but to bad. Do you wish to have no fear of the authority? Then do what is good, and you will receive its approval; for it is God's servant for your good. But if you do what is wrong, you should be afraid, for the authority does not bear the sword in vain! It is the servant of God to execute wrath on the wrongdoer."

These writers stress the necessity to read the passage in context, and to have some grasp of what the words Paul uses mean. For example, the word translated as "sword" in Greek is *machaira*, a symbol of authority, and not necessarily a weapon. He also points out that the early church was a revolutionary movement, and scholars suspect that it attracted some lawless elements who believed that a new social order, this new Kingdom, would permit lawless behavior.

For Paul, the state was a necessary but evil structure in a fallen world, and through its police power, it did keep a semblance of peace. His writings in Romans, at least in part, reflects this belief. One has to keep in mind that Romans 13 was written to a group of individuals who were not allowed to participate in government, who were under Roman authority, and who had no political control over their lives. So here, Paul suggests that his readers not provoke that government, even though having been redeemed and saved by the death and resurrection of Jesus Christ, they were not answerable to the secular government as they were answerable to their Lord. Nevertheless, Christians needed to respect government's purpose as given by God, namely to keep the peace in the face of evil forces.

So Paul was a realist. He recognized that the state sometimes would use force to carry out its function to restrain evil. But Paul also saw government control as temporary, the end of the ages was coming, and hence, in the meantime, secular authority was a partial solution to evil forces infecting this world.

However, in the totality of his writings (for example, Romans 13:8-10; I Cor. 13), Paul also saw Christ's way, the way of love, as more perfect. In fact, the government's way was so flawed that for generations following Paul, Christians did not believe they could in good conscience participate in it. So Paul's endorsement of government's use of force in Romans 13 is not ringing, and taken in the context of his entire corpus of writings, as well as the New Testament as a whole, these two verses in Romans 13 (v 3-4) only counsel Christians to submit to the authorities but do not justify participation in the state's unchristian actions.

Of course, at the heart of our faith is Jesus' redemptive life. Hanks points out that Jesus' execution shows first the flawed nature of all human systems of morality and law since he was set up and railroaded at his "trial." So when principles come into conflict with perceived practical needs, principles are often laid aside. "Justice is almost always a casualty of political necessity."

Thus on one level, the death of Jesus on the cross strips the "vener of respectability that covers the powers and principalities that control the social, political, and legal systems of our fallen world." But more basically, the crucifixion represents the final sacrifice, and is uniquely and mysteriously redemptive for all. In contrast with Old Testament animal and

human sacrifice as punishment for individual sins, reestablishing the moral balance that sin destroyed, Christ’s death atoned for all human sin, past, present, and future. “He is the atoning sacrifice for our sins, and not for ours only, but also for the sins of the whole world.”

Jesus’ death was thus the final and all-redeeming sacrifice, removing the need for human sacrifice in capital punishment. That is, because Jesus has righted the moral balance for all time, we no longer have to make sacrifice, either animal or human, to make things justified or balance the scales.

And it is this redeeming fact that frees Jesus’ disciples to forgive those who have broken the moral order. “While we still were sinners, Christ died for us. While we were enemies, we were reconciled to God through the death of his Son.” Christ’s atoning sacrifice saves sinners, and reflects a God, “whose one name is Forgiveness, and whose other name is Love.”

Conclusion

Executions in this land, while escalating in numbers and rate, are carried out in the dead of night, behind locked doors.⁴⁰ As someone recently said, an execution is ugly because the premeditated killing of a human being is ugly. Torture is ugly, gassing, hanging, shooting, electrocuting, or lethally injecting a person whose hands and feet are tied is ugly. And hiding the ugliness from view and rationalizing it we believe numbs our minds to the horror of what we are doing. This is what coarsens society and debases every one of us in whose names these acts are carried out. Someone once observed, “the best way of ensuring respect for life is by refusing to take life in the name of the law.”

We believe that all religious leaders who nourish the preciousness of every human being must continue to say that “if Cain cannot murder Abel, no government can kill a human being, however heinous his (or her) crime.” But again, change in our laws will only follow a change of heart and a widened moral vision. And this will only come about through a process of carefully thinking through not only the constitutional and social issues involved but also thinking carefully about the scriptural and religious issues that lie at the base of our Christian world view.

The following resolutions have been unanimously endorsed by the Committee on Justice, Peace, and Integrity of Creation, as well as the Episcopal Peace Fellowship.

Resolution A082 Reaffirm Opposition to Death Penalty, Particularly for Those who Commit Crimes as Juveniles, and Call for Immediate Moratorium on Executions in this Country

- 1 *Resolved*, the House of _____ concurring, That this 73rd General
- 2 Convention of the Episcopal Church reaffirms its opposition to capital punish-
- 3 ment and calls on the dioceses and members of this church to work actively to
- 4 abolish the death penalty in their states, particularly for those who committed
- 5 their crimes under the age of 18; and be it further
- 6 *Resolved*, That this Convention joins those who are calling for an imposi-
- 7 tion of an immediate moratorium on the use of capital punishment; and be it
- 8 further
- 9 *Resolved*, That this 73rd General Convention instruct the secretary of Gen-
- 10 eral Convention to notify the several governors of the states of our action.

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Explanation

Previous resolutions passed by General Convention have not specified particular populations for which the death penalty is particularly heinous, such as those who commit crimes while juveniles. International human rights standards specifically ban the use of the death penalty for crimes committed before the age of eighteen. Currently, there are more than sixty individuals nationwide on death row who committed their crimes before that age. The state of Virginia, for example, has recently put to death at least two persons who committed their capital crimes at age 16. In cases such as these, the sentencing to death and execution of a young person who has committed his or her crime before the age of 18 (legal age of majority for governmental enumeration purposes) denies the possibility of rehabilitation and is again contrary to contemporary standards of justice and humane treatment in every corner of the world. Based on the theological and scriptural arguments offered here, we thus oppose the death penalty and call for its abolition. In the meantime, the Episcopal Church joins the American Bar Association and other public voices calling for an immediate moratorium in executions due to lack of due process in capital cases.

Resolution A083 Commend the Promotion of Educational

Materials related to the Death Penalty within Dioceses and Parishes

- 1 *Resolved*, the House of _____ concurring, That this 73rd General
- 2 Convention commend to dioceses and parishes educational materials for discus-
- 3 sion and workshops, such as “Envisioning a World without Violence,” a study
- 4 group packet prepared and made available by the American Friends Service
- 5 Committee.⁴¹

Explanation

There are excellent educational material available, the one cited here given as an example. Hearts will not be changed until those “in the pew” have an opportunity to think through carefully all the implications of our current system of justice from within a Christian perspective.

BIOETHICS AND GENETIC INTERVENTIONS CONCERNS

Introduction

Recent advances in our knowledge of and power over our genetic heritage raise crucial questions concerning the nature of nature, human beings, and God—questions currently under-appreciated and under-addressed—as well as questions concerning our moral obligations regarding these powers. Our capacities to intervene in nature are growing more rapidly than we ever imagined they could. We have the ability to test children for genes associated with medical conditions that will not appear until adulthood. We have the potential to change the germ line to affect the genes of future generations. We are developing the power to grow new human beings by means of cloning. And we may soon be able to use stem cells derived from embryos to replace any organ in the human body.

These developments raise profound questions about the ethical appropriateness of the various technologies of genetic intervention and engineering; about the relation between such technologies and other aspects of modern medicine and health care, including general policy questions of social justice; and most deeply, regarding the meaning of personhood,

the moral status of nature, and the effects of these technologies on our understanding of God as Creator, Sustainer, and Redeemer.

These technological developments can potentially re-shape the way we think about ourselves as moral beings. There are powerful tendencies abroad in our culture working subtly to corrode our sense of moral agency in general and our sense of moral responsibility in particular. We are increasingly tempted to understand ourselves as determined by our biological or genetic makeup, open to alteration only through biochemical intervention by drugs. Many individuals have surrendered to this temptation, indulging themselves in a disastrous sort of “pharmacological fatalism” that renounces responsibility for oneself. Ironically, the very expansion of our powers over nature may contribute to a growing sense of our powerlessness to heed the call to live a godly and righteous life. Given the undeniable power of the sub-personal genetic building blocks to shape our characteristics, and perhaps even our personalities, how can we reaffirm our belief in human responsibility?

Furthermore, we must consider the implications of these new developments in relation to the fundamental ideas of nature, creation, and God. Throughout history, humans have taken for granted the stability of nature as a given and as a sign of the security of Creation and of our covenant with a providential God. In the past two centuries, however, we have come to understand nature as unstable, dynamic, and open to alteration, if not control, by human beings. The recent developments in genetics are only one part of this new understanding, but they crystallize concerns about “playing God” with nature.

Recommendation

Following a very successful two-day “Consultation on Genetics” convened by Presiding Bishop Griswold at the College of Preachers in Washington, June 1999, we propose to establish a task force dedicated to exploring the implications of recent developments in genetic technology for the moral and spiritual life of the church. The task force will meet four times over a two-year period to continue the conversation begun at the consultation, serving both to nourish moral and spiritual reflection in the church and to fulfill the church’s apostolic mission in the world.

This commission believes that this is a propitious moment and that this is an appropriate subject for us to engage in, to continue serious moral conversation within the church as a whole. The task force (with approximately 10-12 members) would be composed of persons from various disciplines, such as theology, ethics, and genetics, and would include clergy and concerned lay people, taking this commission’s End-of-Life Task Force as a model. This task force would reflect on the church’s position on the meaning, ethical status, and theological implications of these technologies, beginning with questions such as the following:

- At what point do science and technology pass over a line from healing human beings to radically changing them?
- Does the fact that something can be done mean that it ought to be done?
- What are the responsibilities and roles of religious institutions in making public policy decisions about genetic manipulation and other medical and scientific advances?

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- What might be the implications of such scientific and medical advances for pastoral care?
- What are the implications of such advances for traditional Christian theology and morality?

The role of this task force is not to offer final answers to these questions, but to explore them further. Conclusions reached would be intended to stimulate further discussion and thereby to nourish a space in which these developments could remain catalysts for theological reflection in the ongoing life of the church. The discussion would include questions about what positions the Episcopal Church should take regarding public policy on these matters and what distinctive contributions Christians in general, and the Episcopal Church in particular, can bring to these debates.

The task force would produce a report for the use of the church as a whole and other materials it considered useful. By publishing the work of the task force, we would serve the Presiding Bishop's call for the church to heed its teaching ministry, both to its own members and to the society as a whole.

Resolution A084 Establish a Task Force on Ethics and the New Genetics

- 1 *Resolved*, the House of _____ concurring, That this 73rd General
2 Convention of the Episcopal Church authorize the SCNC or other designated
3 body, working with the Episcopal Church's Canon Theologian, to form a multi-
4 disciplinary task force concerned with the ethics of the new genetics; and be it
5 further
6 *Resolved*, That this Task Force on the Ethics and the New Genetics, work-
7 ing in concert with other groups (e.g., the Institute on Religion in the Age of Sci-
8 ence), would produce for the 74th General Convention a report for the use of the
9 church as a whole.

FINANCIAL REPORT FOR THE 1997-2000 TRIENNIUM

	1998	1999	2000
Income	27,830	61,100*	1,000
Expenses	20,830	68,100	1,000
Administrative	1,260	2,160	400
Commission Meetings	16,205	34,900	0
Subcommittee Meetings	3,365 **	31,040	600

* \$5,000 added into SCNC budget by Executive Council, March, 1999

** Including consultant costs

BUDGET APPROPRIATION FOR THE NEXT TRIENNIUM TO SUPPORT ONGOING TASKS

In the Areas of Work and Human Genetics

Budget Appropriation

	2001	2002	2003
Theology of Work	15,000	15,000	3,000
Ethics and Genetics	15,000	15,000	
SCNC expense	16,000	16,000	4,000

Resolution A085 Standing Commission on National Concerns

Budget Appropriation

- 1 *Resolved*, the House of _____ Concurring, That the following
- 2 amounts be appropriated from the General Convention Budget for the Standing
- 3 Commission on National Concerns: \$46,000 for 2001; \$46,000 for 2002; \$7,000
- 4 for 2003; totaling \$99,000 for the triennium.

Explanation

The appropriation indicated for ongoing work in the areas of Theology of Work and Ethics and Genetics would cover subcommittee and task force meeting expenses (travel, food, and lodging), including possible consultant and support costs, as well as provide some partial support for the four regional conferences proposed for the Theology of Work area. Appropriation indicated for the SCNC expenses would cover whole commission meeting travel, food, and lodging expenses, as well as administrative costs for duplication and mailing of documents and associated office expenses.

(Endnotes)

¹ K. Barth, *Church Dogmatics. The Doctrine of Creation, Vol. III, Pt. 2*. G. Bromiley and T. Torrance (Eds.), Edinburgh: T. & T. Clark, 1960; M. Heidegger, *Being and Time*. New York: Harper & Row, 1962; M. Buber, *The Way of Response*. New York: Schocken Books, 1966, and others.

² For example, F. Borsch, *Christian Discipleship and Sexuality*. Cincinnati: Forward Movement, 1993; J. Nelson, *Embodiment*. Minneapolis: Augsburg Press, 1978; *Sexual Ethics and the Church: A Christian Century Symposium*, Chicago: Christian Century Foundation, 1989.

³ J. Childress, “trust,” found in J. Childress and J. Macquarrie, *The Westminster Dictionary of Christian Ethics*. Philadelphia: The Westminster Press, 1986, p. 632.

⁴ T. Johnson, “Learning Jesus”, *Christian Century*, December 2, 1998, pp. 1141-1146.

⁵ C. Wallace, *For Fidelity*. New York: Alfred A. Knopf, 1998.

⁶Information and data obtained from J. Caggiano, “The Church and Labor: Its History and Legacy,” unpublished paper in partial fulfillment of doctoral dissertation work, Union Institute, 1998; J. Caggiano, “A Brief Report on the History of the Episcopal Church on the subject of Labor and Capital,” paper presented at Los Angeles Conference on the Theology

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of Work, April 24, 1999; T. Williamson, "True Prophecy? A Critical Examination of the Sociopolitical Stance of the Mainline Protestant Churches," *Union Seminary Review*, 51, 1997. For Further reading on the history of the Episcopal Church and economic and social justice, see R. Hood, *Social Teachings in the Episcopal Church*. Harrisburg: Morehouse Publishing, 1990; R. Gillette, *The Human Enterprise: A Christian Perspective on Work*. Kansas City: Leaven Press, 1985; J. Nunley, "Fair Wages, Workplace Parity Addressed by General Convention," and "Social Justice Issues are Universal," Episcopal News Service, July 17, 1997.

⁷J. Caggiano, 1997, *op. cit.*, p. 13.

⁸"Unemployment and the Future of Work: An Enquiry for the Churches." 1997 Report available from Public Affairs Office, CCBI, Inter-Church House, 35-41 Lower Marsh, London, SE 1 7RL.

⁹"Looking at Work from a Christian Perspective." Paper prepared by the Episcopal Diocese of Southern Ohio and presented at the Work, Economics, and Theology meeting, Diocese of Los Angeles, April 22-24, 1999.

¹⁰*Laborem Exercens* (On Human Work). Encyclical on human work by Pope John Paul II, September 15, 1981. *Origins* (NC Documentary Service), September 24, 1981, 11, 226-244.

¹¹*Ibid.*, p. 230.

¹²N. Birnbaum, "The Bishops in the Iron Cage," found in *The Catholic Challenge to the American Economy*, New York: MacMillan, 1987, p. 155.

¹³Gillette, *Op. Cit.*

¹⁴B. Ehrenreich, "Nickel-and-dimed: On (not) getting by in America," *Harper's*, January, 1999, 37-52.

¹⁵Paper prepared by The Episcopal Diocese of Southern Ohio, *op. cit.*, p.2.

¹⁶Figures taken from R. Pollin and S. Luce, *The Living Wage: Building a Fair Economy*. New Press, 1998.

¹⁷R. Parker, "Work and the Economy in the Third Millennium: Trends and Implications for Low-Wage Workers and the Shrinking Middle Class, and the Role of the Religious Community in Response." Paper presented at the Theology of Work Conference, *op. cit.*, April 23, 1999.

¹⁸From Service Employees International Union, Kansas City Regional Office, 1999.

¹⁹For example, "Eradicating Poverty and Improving the Human Habitat," Church and Society (PCUSA) 87:1 (September-October 1996): 55-58; "United Church of Christ Pronouncement on Christian Faith: Economic Life and Justice." Reprinted in Rebecca Blank, *Do Justice: Linking Christian Faith and Modern Economic Life*. Cleveland: United Church Press, 1992; "Social Principles," In The Book of Resolutions of the United Methodist Church. Nashville: Abingdon Press, 1992.

²⁰"Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy," Washington, D.C.: United States Catholic Conference, Inc., 1986.

²¹N. Birnbaum, 1998, *op. cit.*; Williamson, 1997 *op. cit.*

²²R. Pollin and S. Luce, *op. cit.*; M. Janis-Aparicio, S. Cancian, and G. Phillips. "Building a movement for a living wage," *Poverty and Race*, 1996, 5, 6-11.

²³R. Gillette, "Living wage ordinance: A victory for the working poor." *Tikkun*,

August/September, 1997, pp. 47-48.

²⁴ Birnbaum, *op. cit.*, p. 161.

²⁵ For example, R. Hood, *op. cit.*, devotes a chapter on the history of the church in the area of economics and ethics and then critiques the church's shortfall in this area. But he does not even raise issues of labor policy and practice within our own system of employment and compensation.

²⁶ See D. Gillette, *op. cit.*, p. 155.

²⁷ Parker, 1999, *op. cit.*. Birnbaum, 1998, *op. cit.*.

²⁸ Resolutions opposing the death penalty were introduced by Deputies at the General Conventions in 1958, 1969, 1979, and 1991. The latter resolution was accompanied by an Open Statement on Capital Punishment from the Most Rev. Edmond C. Browning, Presiding Bishop (prepared in May, 1990). These previous resolutions were examined by this commission, and the recommendations here are not duplicative of these earlier initiatives.

²⁹ A. Camus, *Resistance, Rebellion, and Death*. New York: Alfred A. Knopf, 1961, p. 229 (translated).

³⁰ Amnesty International USA data.

³¹ Reported in the *Christian Century*, May 8, 1996, p. 506.

³² Interestingly, public support for the death penalty goes down when viable alternatives are proposed. For example, a recent poll carried out in Virginia by the Center for Survey Research at Virginia Tech, showed that only a minority of Virginians continued to favor capital punishment when a life sentence, with no possibility of parole for a minimum of 25 years, and restitution to the victim's family, was the alternative punishment.

³³ Report by the Death Penalty Information Center, June, 1996.

³⁴ G. Hanks, *Against the Death Penalty*. Waterloo: Herald Press, 1997.

³⁵ See J. Megivern, *The Death Penalty: An Historic and Theological Survey* (Mahwah: New Jersey, Paulist Press, 1997), for a recent, exhaustive review of this area.

³⁶ R. Dieter, "Twenty Years of Capital Punishment: A Re-evaluation." A report by the Death Penalty Information Center, June, 1996, p. 10.

³⁷ M. Crowe, "Theology and Capital Punishment," *Irish Theological Quarterly*, 31, 1964, 24-61; 99-131.

³⁸ During October, 1999, the Conference "Towards a Global Moratorium" was held in New York city, calling on the UN General Assembly to pass a world-wide moratorium on the death penalty.

³⁹ CACP News Notes, June 12, 1998.

⁴⁰ J. Bessler, *Death in the Dark*. Boston: Northeastern University Press, 1997.

⁴¹ Religious Organization Against the Death Penalty, 1501 Cherry Street, Philadelphia, PA 19102-1479.