

The Standing Commission on Human Affairs and Health

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MEMBERSHIP

The Rt. Rev. John H. Burt, *chairman*, Diocese of Ohio
The Rt. Rev. Walter Righter, Diocese of Iowa
The Rt. Rev. Calvin O. Schofield, Jr., Diocese of Southeast Florida
The Rev. Van Samuel Bird, Diocese of Pennsylvania
The Rev. Robert Marsh Cooper, Diocese of Texas
The Very Rev. Joel W. Pugh II, Diocese of Arkansas
Dr. Edward L. Alpen, Diocese of California
Mrs. Marcia Harper, Diocese of New York
Dr. Mari Duncombe Koch, Diocese of Alaska
Dr. John T. Maltzberger, Diocese of Massachusetts
Mrs. Maria Regina Retamal, Diocese of Massachusetts
Dr. Elizabeth S. Russell, Diocese of Maine

Mrs. Joyce Phillips Austin (Diocese of New York) *replaced* Mrs. Harper who *resigned* in 1983. Dr. Alpen *resigned* in August of 1984 and was not replaced. The Rev. Charles Cesaretti, Public Affairs Officer, and Mrs. Marcia Newcombe, Social Welfare Officer, both of the Episcopal Church Center staff, served as *consultants* to the Commission.

SUMMARY OF THE COMMISSION'S WORK

The Commission met six times during the triennium—once in Chicago, once in New York City, and four times at the Virginia Seminary, Alexandria.

FINANCIAL REPORT

	1983	1984	1985
Income			
Appropriated by Convention	\$11,250.00	\$13,200.00	\$5,500.00
Expenses			
Meetings and related expenses	10,243.37	12,577.45	
Balance in the account (as of 3/31/85)			\$6,122.50

REPORT OF THE COMMISSION

The traditional responsibility of the Standing Commission on Human Affairs and Health each triennium is to identify, report, and recommend appropriate legislative action by the General Convention of the Episcopal Church with respect to the current state of human affairs and health among the people in this world for which Christ died.

The criteria for making the ethical judgments which underlie our task are to be found in our biblical heritage as the God we know reveals himself in his creating, redeeming, and sanctifying activity. Put simply, we ask about the political and social arrangements of our time: Does this condition or this action honor God? Or, does what we are doing or plan to do offend the God of the Bible, the God and Father of our Lord Jesus Christ? To the extent that answers to these questions are in the negative, we understand those conditions and actions to be manifestations of sin—sin not only as individual acts of trespass, but communal sin in which we ourselves are in most cases involved, socially, politically, and ecclesiologically. “We have left undone those things which we ought to have done; and we have done those things which we ought not to have done.”

In making ethical judgments and identifying the moral choices, we are also mindful of this Church’s claim (as commended by a 1979 General Convention resolution) that “stewardship is the main work of the church.” This involves understanding more clearly the origins of human helplessness, of bringing help to those who are helpless, or of enabling the helpless to come to help themselves. It also means participating, by God’s grace, in God’s own involvement with the world and its people. Indeed, our failure to see ourselves as stewards of all God’s people and stewards of his creation is one way of dishonoring or of offending God. As such, it is sin. In this connection we recall Jesus’ prayer in which he accounts for his own stewardship to the Father:

“I have manifested my name to those whom thou gavest me out of the world; thine they were and thou gavest them to me. . . . While I was with them, I kept them in thy name whom thou had given me; I have guarded them, and none of them is lost. . . .”
(*John 17:12*)

An Introduction: The Human Scene and Its Health Today

What picture, then, do we get of the human condition as we approach this General Convention of 1985?

On the one hand, and in the immediate world where most Episcopalians live, we see a recovering American economy and a dazzling picture of scientific wonders with brilliant technology. Space ships go aloft regularly from Cape Canaveral. The microchip brings miracles into nearly every activity of our lives. Not a month goes by without news of another exciting breakthrough by modern medicine. Television signals, bouncing off

satellites, carry hundreds of images each day from around the globe into the simplest living room with full color and stereophonic sound. Materially speaking, it is an era of the good life for most Americans.

Too easily forgotten by those of us so blest, however, are the more than thirty-five million men, women, and children in this land who do not share these creaturely joys. They represent the 15% of the citizenry (35,300,000) who live in poverty. Joined with them are the unemployed (8,250,000), concentrated heavily in the great cities where de-industrialization goes on apace, but found also on the farms where foreclosures have reached record rates in many areas. In addition, there are the non-white Americans who continue to face humiliating stigma: Black people who are experiencing unemployment at the tragic rate of 15%; Native Americans, about whom the Bureau of Indian Affairs reports an unemployment rate on the reservations of 49%; Hispanic people, America's youngest and fastest-growing population subgroup, who endured an official unemployment rate of 10.6% in 1984 and a "real rate of 18.5%," which amounts to an increase of 108% since 1974.

Moreover, there are also the poor, the hungry, and the homeless, living beyond our shores, who constitute one-third of the total human race! We call to mind particularly the famine-ridden in Africa (150,000,000) and refugees on every continent (totalling 10,500,000).

Sensitive Americans cannot rest easily with the knowledge of such suffering, especially since the evidence is clear that joblessness and poverty are no temporary phenomena. For the last three decades, there has been a deepening trend of joblessness and poverty in the United States of America. For the decade of the 50's unemployment averaged 4.5%; for the 60's it grew to 4.8%; during the 70's it jumped to 6.1%; and now in the 80's it is averaging well over 7.5%. How ironic that Japan, for these past thirty years, has run a full employment economy in the 1% to 2% unemployment range!

Beneath these statistics are some stark and sobering realities:

- In families living below the poverty line here in America, one child out of five is now malnourished; of these same families one Black child out of two is malnourished.
- In 1983, demands for food assistance jumped an average of 71% in twenty of our nation's cities.
- From 1980 to 1982, the number of Americans living below the official poverty line (\$9,287 for a family of four) increased by 5,000,000, according to the Census Bureau.
- From 1980 to 1984, according to the Urban Institute, people in the top 20% of the nation's income level realized a 9% gain; the next 20% gained about 3.5%; while the lowest half of American families experienced a real income loss. In 1980 a family of four living at the poverty level paid \$462 in federal taxes; this year they pay \$1,079. During the same time, an individual making \$200,000 received a \$27,000 windfall each year from marginal rate reductions alone.

In the face of such real human tragedy and injustice, even in a period of economic transition, what are Americans currently doing? Americans are by nature a compassionate people, quick to respond with generosity when acute physical need comes to their attention. Yet, the overall picture for millions of our fellow citizens at this hour is not bright! Determined to continue military spending at a massive rate and burdened now with an already monstrous federal debt—which helped make the present prosperity of the affluent possible, the poor are being required to pay a heavy price. Reductions in aid to dependent children, slashes in Medicaid, cancellation of scholarship programs, and the elimination

of diet supplements for pregnant women, infants, and children under five have already been made.

People of the Bible understand that no economic order is autonomous. Each stands under the judgment of God, along with every other social institution, as Amos, Micah, and Jesus made clear. So it is, today, that God's judgment is upon us even in our reviving prosperity.

Is the present operation of the American economic system as just and equitable as we can make it? Christian people must admit it is not. Does it fairly meet the needs of all God's people? Christians confess: "No." Does it take into consideration the social costs and consequences it creates, deliberately or otherwise? No. Does it build or destroy community? The evidence of disintegration in the form of abandoned one-industry towns, decayed cities, and farm bankruptcies (with the accompanying emotional breakdowns following in their wake) make a positive answer difficult. Who controls the economy and for whose benefit?

Questions like these need to be discussed in local churches and other forums throughout the nation, and asked in light of the biblical narratives that shape our religious identity. In the Genesis creation stories, for example, human beings are clearly understood to be created primarily for relationship to God and to each other. They share God's image in their ability to shape the natural order, but, most of all, in their ability to love, to create a common life or community. Mankind's first vision of humanness was distorted by eating Eden's forbidden fruit. And the Tower of Babel story further explicates the nature of human pride and the temptation of human arrogance to assume prerogatives of domination which belong only to God.

Jesus then comes with a message which puts economic life in an even more secondary role:

"Is not life more than food and the body more than clothing? Your heavenly Father knows you need all of them. But seek first God's kingdom and his righteousness and all these things shall be yours as well."
(*Matthew 6:25*)

Jesus makes clear that God deals primarily with persons in relationship—who need grace, a minimum of resources and a place in community. For him the Kingdom of God is at its core "relational." It is the community of those who live by the great commandment to love God and their neighbor. If we get that straight, everything else will follow.

Put in 20th century terms, we are being reminded by God that, if we seek first to create the just community of those who love God and neighbor, we will then know what it is that we want our economy to produce. Thus, economic decisions, including the values of profit and consumption, are a *means* not an *end*. In saying this, Christians issue a direct challenge to those who believe the economy should be based primarily on a philosophy which challenges every person to work for more than he has thus far obtained.

Clearly, Christians are called to evaluate economic policies of our day in light of the biblical standard which gives priority to their effect on the widow, the poor, and the stranger (including those people marginalized by their inability to participate in the prosperity others enjoy). Moreover, because Scripture understands creative labor as a participation with God in "creation," to withdraw from any individual the possibility of work which contributes to the community is to *marginalize* that person, to deny one's nature as a person-in-community. And that is a sin against God's intention for all persons. Any society, no matter how productive its Gross National Product, which marginalizes persons economically so that they cannot be full partners in community, sins against

God and neighbor. This is the basis for what we call Jesus' fundamental "option for the poor" and the oppressed.

Looking out on the economic and social scene today, the priority of community no longer characterizes most economic structures which shape people's lives in the United States. To move in a direction that would do so will require a reordering of both values and structures. To give priority to *community* means to develop jobs for all who are willing and able to work and to encourage centers of production that build stable communities and fulfilled persons. Once again, capital and community must discover a just and mutually agreed-upon basis for their association. Human dignity must once again be given first priority; persons are more important than profits.

It is the earnest hope of this Commission that Episcopalians across the land, gathered in their parish forums or joining with ecumenical and community groups, will meet regularly during the coming three years to reflect on that reordering of values which the economy of America requires if the gap between rich and poor is not to widen even more.

In this connection, it is wisdom to be aware that many of the forces making for social disintegration today, both at home and abroad, are the result of large systems—economic, political, cultural and racial—which operate so as to seem to be beyond the personal control of individuals, however altruistic. Decision-makers in such systems, even those with deep personal piety, are often unwittingly so beholden to the systems they guide that they are either blinded to the injustice they wreak or feel powerless to correct the injustice when they do perceive it. Pious resolutions, prophetic sermons, and protest demonstrations, even though they may illumine the dread aspects of those systems, do not usually of themselves persuade the decision-makers in the system to alter the disintegrative nature of that which they do.

In this situation, Christians are called to be agents of change. "Be ye not conformed to this world but be ye transformed by the renewing of your mind," reminds St. Paul in *Romans 12:2*. In a world like ours, which is gripped by huge social forces, the deeds of Christians, acting together, must speak when words alone are ineffective. To encourage this needed kind of witness, we recommend:

Resolution #A—77

***Resolved*, the House of _____ concurring, That this 68th General Convention of the Episcopal Church encourages the formation by its clergy and laity of coalitions which, acting always in consonance with the spirit of Jesus and under obedience to the teachings of the New Testament, will have the purpose of effecting change in those structures of society which dehumanize life for God's people; and be it further**

***Resolved*, That such coalitions be committed to a non-violent style and be encouraged to risk in dramatic ways (including political and economic action, where appropriate) a witness to the requirements which a biblically aroused social conscience seems to demand; and be it further**

***Resolved*, That such coalitions, whenever possible, be ecumenical and open to alliances with secular coalitions.**

EXPLANATION: The Standing Commission is well aware that individual members and groups within our Church already participate in such coalitions. Seventy-six members of the House of Bishops, for example, have formed the Urban Bishops Coalition to draw attention and concern to the plight of people suffering from the contemporary aspects of urban culture. The Episcopal Urban Caucus has brought together clergy and laypeople

Church Society for College Work was formed to press for more effective ministry on the campuses of the land. When priority for our work in other lands was low, the Overseas Mission Society was organized. Readers of this document will call to mind countless other illustrations.

In working to enable those changes in our culture that we think compelling, the Standing Commission now wishes to draw the attention of the delegates to General Convention and of members of the Church at large to twelve particular issues. We write of them briefly on the pages which follow, attaching to most resolutions the passage of which we recommend.

1. Institutional racism: A persisting scourge

The New Testament makes clear that "In Christ there is neither Jew nor Greek, there is neither bond nor free, there is neither male nor female: for all are one in Christ Jesus" (*Galatians 3:28*). Our distinctive natures are maintained whole while our unity is secured "in Christ." We are defined as one, as whole, as unified by our relationship to Jesus Christ. Christians share with people of good will a deep concern and respect for the dignity of human beings everywhere.

"Racism," says an official policy statement of the National Council of Churches, "is the intentional or unintentional use of power to isolate, separate, and exploit others. This use of power is based on a belief in superior racial origin, identity, or supposed racial characteristics. Racism confers certain privileges on and defends the dominant group which, in turn, sustains and perpetuates racism. Both consciously and unconsciously, racism is enforced and maintained by the legal, cultural, religious, educational, economic, political, and military institutions of societies.

"Racism is more than just a personal attitude; it is the institutionalized form of that attitude.

"Institutional racism is one of the ways organizations and structures serve to preserve injustice. Intended or not, the mechanisms and function of these entities create a pattern of racial injustice. . . .

"Historically, people of European ancestry have controlled the overwhelming majority of the financial resources, institutions, and levers of power. Racism in the United States can, therefore, be defined as white racism: racism as promulgated and sustained by the white majority."

As Christians, we must recognize racism as a sin against God. We make this statement by the National Council of Churches our own and we go on to observe that racism knows no boundaries and penetrates religious and secular communities throughout the world.

Several General Conventions have passed resolutions opposing racial discrimination within both Church and society. We are pleased to note the creation by the Executive Council of the national Coalition for Human Needs and of the staffing of several "ethnic desks" to address the problem programmatically. We are pleased to note, also, the National Conference on Racism, sponsored by the Coalition in February of 1982, which brought together 229 persons from 57 dioceses to raise the consciousness of dioceses and Church persons about racism, to confront the effects of racism, to share strategies for combatting racism, and to enable dioceses and congregations to enact programs to combat racism.

As of 1984, fourteen dioceses and regional groups have reported substantial steps to enact plans to combat racism. These steps include local conferences, the establishment of diocesan commissions on racism, affirmative action policies, racial audits, and a survey of affirmative action practices by Episcopal seminaries.

The 66th General Convention meeting in 1979 at Denver called on the Executive Council to design and implement an affirmative action plan for nondiscriminatory employment within the Episcopal Church Center affecting both clerical and lay persons. Such an Equal Employment Policy and Affirmative Action Program was drafted and adopted by the Council in February of 1982. The following September, the 67th General Convention adopted this affirmative action plan to cover the employees, committees, commissions, boards, and agencies of the General Convention, together with the firms from which Convention purchases goods and services. Programs of education and public witness on affirmative action were also mandated.

The Standing Commission on Human Affairs and Health rejoices in these developments. We observe, however, that the program, as adopted, calls for monitoring; yet it is not evident to us that this is being done. What is needed now is a compelling reaffirmation of that policy and a wholehearted commitment to the implementation of the letter and the spirit of that policy. An increase in the number of persons and families living in or near poverty, a disquieting increase in the number of incidents which appear to be caused by racial polarization, and the evident erosion in the quality and moral fabric of life are but a few of the indicators which make the need for this commitment to action by the whole Church imperative. Therefore, we propose the following resolution:

Resolution #A—78

Resolved, the House of _____ concurring, That the 68th General Convention calls on all dioceses and related institutions and agencies of the Episcopal Church to establish and publicize an Equal Employment and Affirmative Action Policy, and to provide a means for effective monitoring of the same; and be it further

Resolved, That the Board for Theological Education is directed to develop, in consultation with the Council of Seminary Deans, an instrument and process to make an audit of racial inclusiveness to be found in the respective student bodies, faculty, and trustees, as well as in their curricula and field work; and be it further

Resolved, That the Executive Council use its existing program agencies and staff to ascertain what specific steps the dioceses and local congregations, the seminaries, and other agencies of the Church have taken to implement the 67th General Convention resolution on racism which called for implementation of Affirmative Action programs, and report the findings to the Church at large by January 1988.

2. Refugees: The uprooted at home and abroad

In 1985, the greatest exodus of refugees in modern history is spilling over international waters all over the globe, creating a fourth world of misery, disease, and despair. An estimated 10,500,000 men, women and children today have no country. They have been uprooted by gunfire and revolution and hunger, shifting ideologies and changing maps, nationalism and racism. Their numbers compare only with the millions who were put to flight during the two world wars, when most of Europe was in disarray. Pangs of hunger have driven them across parched lands in the "Horn of Africa." They chase the dream of a better life by plunging across the icy waters of the Danube into Austria. They toss across the South China seas in inadequate vessels. They escape through Central American jungles and climb the fences marking the southwest border of the United States.

Three solutions to the problem of refugees are generally recognized in the international community working with them. The first and most widely preferred solution is voluntary repatriation or return to their home country when conditions eventually permit. The second solution is integration into the host country to which they have fled. While this is often not an option, Africa is one continent on which this solution has frequently been successful. The third (and least common) solution, when there appears no likelihood of returning home in the foreseeable future, is resettlement in a third country.

For Christians, refugee resettlement offers a unique chance for local churches to participate in the healing ministry to which Christ calls us. In a world of broken lives and shattered dreams, refugee resettlement can bring healing and hope to an individual or family now in a refugee camp overseas. Episcopalians, through the Presiding Bishop's Fund for World Relief and its ecumenical partner, Church World Service, have channels through which funds can be deployed with confidence and resources made available to help in resettlement efforts within a local community.

Refugees Who Come to the United States

Even before our country adopted a legal definition and admission procedures for persons fleeing persecution, the United States was internationally recognized as a haven for the oppressed.

"Give me your tired, your poor, your huddled masses yearning to breathe free, the wretched refuse of your teeming shore. Send these, the homeless, tempest-tossed, to me: I lift my lamp beside the golden door."

So reads the poem by Emma Lazarus, inscribed on the Statue of Liberty in New York's harbor.

Since World War II, hundreds of thousands (like the millions who came in the 19th and early 20th centuries) have entered the United States as refugees in search of a new life. In 1984, nearly 139,000 refugees and nationals were processed and moved by the Intergovernmental Committee on Migration (ICM). Our government has currently a sophisticated overseas and domestic system for dealing with persons whom it determines officially to call "refugees." Immigration statutes, together with Presidential executive authority, determine how many, from where, and which among the millions should be of special concern to this country. President Reagan set 72,000 as the quota in 1984, including 50,000 from East Asia; 12,000 from the Soviet Union/Eastern Europe; 6,000 from the Near East/South Asia; 3,000 from Africa; and 1,000 from Latin America/Caribbean; with an additional 5,000 aliens who have been granted asylum in the U.S.A. and whose permanent residence here is justified by humanitarian concerns or is otherwise "in the national interest."

People Seeking Asylum

Most applicants for asylum, together with many others who have fled to the United States illegally, came to this country to escape oppression, civil disorder, or massive violations of human rights in their own land. Some come from nations whose governments our State Department labels "communist" (i.e., Cuba, Chile under Allende, Nicaragua after Somoza). By and large, they are considered to have legitimate reasons for receiving asylum. Others who fled their countries, believing their lives were in danger, are not considered legitimate candidates for asylum in America because our State Department

labels their governments “democratic” (i.e., Haiti, El Salvador, Guatemala). These refugees, if apprehended by federal authorities, may be sent back to their homeland where, upon arrival, they are often tortured or killed, along with members of their families.

The “sanctuary movement” is a response by many American church congregations to what they regard as an unjust policy with respect to this latter group. Acting in what many prosecutors feel to be technical violation of U.S. law, these churchpeople, both clergy and laity, give food, housing, and shelter in a clandestine way to those refugees—knowing well that they themselves risk jail in so doing. Our government’s problem in refusing to call these people “political refugees” is simple. To admit that such folk are fleeing persecution is to admit that our government is not telling the whole truth about the human rights situations of our Central American allies, particularly El Salvador and Guatemala. Yet, until that truth is told and present statutes are amended or re-interpreted by authorities in our government, the sanctuary movement will continue to grow. Despite the allegations of civil disobedience, the sanctuary movement appears to have justice—and mercy—on its side.

In light of this, we propose the following:

Resolution #A—79

Resolved, the House of _____ concurring, That this 68th General Convention of the Episcopal Church commends the Presiding Bishop’s Fund and Church World Service for their leadership in facilitating the resettlement of refugees and for promoting a United States refugee and immigration policy which in principle and implementation opposes any discrimination on the basis of race, religion, geography, nationality or language; and be it further

Resolved, That this Convention calls upon the clergy and laity in our dioceses and local congregations to encourage in their several communities a freer acceptance of refugees, especially in areas of high employment potential and other feasible places; and be it further

Resolved, That this Convention urges the President and others in our Government dealing with the refugee problem to broaden their interpretation of the statutes defining who may be included as “political” refugees, so as to permit asylum to those even from “friendly countries” who can demonstrate that flight from their homeland was occasioned by political stress.

3. Hunger: A world epidemic

This world today is blessed with an abundance of food. Approximately 1,500 million metric tons of grain are produced globally every year. If equally distributed among the world’s 4,700,000,000 inhabitants, it would give everyone some 3,000 calories per day, including ample protein.

Yet, there is hunger—on a massive scale. About one-quarter of the human race routinely goes to bed hungry each night. It is estimated that some 450 million people suffer from severe malnutrition. Between 13 to 18 million people (75% of whom are children under the age of 5) die of starvation or of diseases related to hunger and malnutrition each year.

This is the paradox that is world hunger. The additional money required to provide adequate food, water, education, and housing for everyone in the world has been estimated at \$17 billion a year. It is a huge sum of money, approximating what the world spends on arms every two weeks.

"Because of the Cross of Jesus and our worship of the triune God, the Christian church must address itself to the appalling suffering of humanity caused by hunger," reads an essay in the *Episcopal Hunger Networkers* of October 1983. "It belongs to the church's nature, by virtue of its indissoluble union with its Head, to cry out by word and action against those human systems and ideologies which dehumanize over half the human race by denying them a fundamental right—that is, food adequate to maintain physical and mental health."

The reasons for hunger are multiple. Growth in population (thanks in part to the miracles of modern medicine which keep more people alive), the costly arms race, international rivalries, national pride, differences in culture and tradition, natural disasters (e.g., drought, frost and flood)—all play a part. Increasingly, however, major causes are the societal systems, created by political processes and arrangements in which every nation is involved, including our own.

The crisis of world hunger is of such magnitude that it will be with us for decades to come. Moreover, the gap is widening, not only between rich and poor countries but also between the rich and poor within most nations, including these United States. Yet, massive and complex as these problems are, there is still hope. Given the will and commitment, it is possible to redress injustices and overcome the worst aspects of widespread hunger and malnutrition. Besides acting to relieve the immediate pain of the victims with our gifts to the Presiding Bishop's Fund for World Relief and Church World Service, we need to address the systems which have caused world hunger. In doing this, we will have to begin by showing the courage of Jesus in the cleansing of our own temples.

Hunger and Nutritional Deficiency Within the United States

Hunger within the United States has reached "epidemic proportions," according to a 1985 report by the Physicians Task Force on Hunger in America, a group chaired by J. Larry Brown of the Harvard School of Public Health. Because of the recession and a "conscious government policy," the yearlong study finds that "hunger is getting worse, not better." As evidence, the researchers point to growing lines at soup kitchens and food pantries, an upsurge in infant mortality, and widespread testimony about malnutrition among the elderly, infants, and unemployed.

While dollar outlays on federal nutrition programs have increased, the rate of increase (less than 5%) is a *de facto* decrease. The assumption that private initiatives, including those undertaken by the churches to feed the hungry, would compensate for governmental cutbacks does not appear to be a tenable hypothesis. Given the fact that the 1986 Federal Budget cutbacks in nutrition programs include elimination of the Temporary Food Assistance Program and the Emergency Food Distribution and Shelter Program (both of which directly support church efforts), the future for the hungry poor is bleak. In light of this picture, at home and abroad, the following resolutions are proposed:

Resolution #A—80

Resolved, the House of _____ concurring, That this 68th General Convention, viewing with deep concern the increasing trend in federal budgeting away from meeting basic human needs both at home and abroad, in preference to increasing the defense establishment, reaffirms the call of the 67th Convention for a reordering of federal budget priorities by:

- Restoring funds in federal food nutritional programs, including food stamps, child nutrition and elderly nutrition projects;
- Increasing the funding for the Special Supplemental Food Program for women, infants, and children (WIC) so as to enable the caseload to serve more effectively the nine million estimated eligible recipients;
- Increasing the demonstrably inadequate food stamp allocations to more humane levels; and, as an initial minimum measure, enacting the recommendations of the President's own Task Force on Food Assistance;
- Instituting a federally funded and administered program to gather comprehensive information regularly on diet and nutrition as related to health problems all over the nation, providing such data on a timely basis.

Resolution #A—81

Resolved, the House of _____ concurring, That this 68th General Convention calls upon the Congress of the United States for an increase in foreign developmental aid, such aid to be targeted to countries presently stricken by famine; and be it further

Resolved, That the President of the United States be called upon to appoint a bipartisan commission to visit the famine-stricken countries in Africa and elsewhere, and to recommend to him and to members of the Congress an appropriate U. S. policy.

Resolution #A—82

Resolved, the House of _____ concurring, That the 68th General Convention commends the Episcopal National Hunger Committee and its network, which reaches out into the several dioceses, and requests all involved to redouble their efforts in stimulating a response to hunger by every member of this Church; and be it further

Resolved, That members of the Episcopal Church throughout America be challenged to observe October 16 as World Food Day and to use that occasion to join with religious and secular organizations in local communities everywhere to study and reflect on the extent of hunger at home and abroad.

4. Alcohol and drug abuse: A policy proposal

The Standing Commission, acting in consultation with leaders of the National Episcopal Coalition on Alcohol, has reviewed the multitude of counseling programs and other activities throughout the Episcopal Church seeking to help persons being affected by the abuse of alcohol and drugs. The picture is impressive. It is apparent, however, that there is the need for some form of stated national policy, endorsed by action of the General Convention, as a guide to persons and groups working in this field. Accordingly, we have drafted such a statement and propose the following:

Resolution #A—83

Resolved, the House of _____ concurring, That this 68th General Convention adopts the following policy statement:

AN EPISCOPAL NATIONAL POLICY ON ALCOHOL AND DRUG ABUSE

The Episcopal Church acknowledges the need for exercising a healing ministry and for offering guidance to problem drinkers or chemically dependent persons and to members of their families.

Alcoholism and other drug abuse are recognized as treatable human disorders which are manifested by a three-fold impairment of the body, mind and spirit. The Church concurs with health authorities that alcohol and other substance abuse is a major health concern of our society. It affects not only the alcoholic or abuser's health and self-concept, but also interpersonal relationships with family, co-workers, friends and counselors. It may affect any individual, regardless of financial situation, education, employment, race, or creed.

The Church calls on all clergy and laypeople to take to heart the seriousness of the illness of alcohol and drug abuse and its manifestations as a disrupter of family, economic, and social life; and urges all churchpeople to do everything in their power to offer forth the love of Christ in his healing ministry to those afflicted persons and families.

Diocesan Committees on Alcoholism and Drug Dependency

The General Convention of 1979 encouraged each diocese to appoint a diocesan Committee on Alcoholism and Drug Dependency to implement a program on alcohol and drug abuse. Such committees are responsible for developing a diocesan policy and planning a diocesan resource center for education, information, counseling, and training. Clergy and lay counselors are encouraged to pursue continuing education in these fields. Congregations are encouraged to provide members with opportunities to learn more about the nature, prevention, treatment, and pastoral care of alcoholics and drug abusers and their families. Trained consultants should be made available to interested clergy and congregations to facilitate this education process. Through education and usage of appropriate resources, intervention is made possible to stop the progress of the disorder before it runs its full destructive course.

The Church encourages the many programs offering treatment and support to persons suffering from the illnesses of alcoholism and drug addiction. Clergy and vestries are encouraged to further their assistance to Alcoholics Anonymous, Al-Anon, Alateen Groups, Adult Children of Alcoholics Groups, Narcotics Anonymous, and to chemical dependency programs and halfway houses, as well as becoming knowledgeable concerning all local resources offering intervention, treatment, and continuing care for these persons.

Employees of the Church

Alcoholic or drug dependent employees of the Church should be treated with pastoral love and concern. Church health insurance policies should include provision for the treatment and care of persons afflicted with these illnesses. Treatment intervention for the person and family along with counseling and continuing support during recovery should be coordinated by the clergy and other support groups in the parish. Every effort should be made to offer job protection and re-employment, with salaried sick leave during hospitalization, to alcoholics and drug abusers accepting treatment. Those refusing treatment will not be offered this protection.

Alcoholic Beverages in the Local Parish

The Episcopal Church has never endorsed prohibiting the use of beverages containing alcohol among adult members. Scripture offers Jesus' example of the use and serving of wine in his first miracle at Cana and in the institution of the Holy Eucharist. If an adult member elects to use alcohol, however, moderate usage is expected. Church members should be educated regarding those conditions that might consequently compromise the health and safety of oneself or others. The Church also supports

and has a responsibility to those people who abstain from the use of alcoholic beverages for whatever reason. Many churches do not serve alcoholic beverages at social functions, but, for those which do, the following guidelines are given:

- All applicable federal, state and local laws should be obeyed, including those governing the serving of alcoholic beverages to minors.
- Alcoholic beverages and food containing alcohol must be clearly labeled as such.
- Whenever alcohol is served, non-alcoholic alternatives must always be offered, with equal attractiveness and accessibility.
- The service of alcoholic beverages at church events should not be publicized as an attraction of the event.
- The group or organization sponsoring the activity or event at which alcoholic beverages are served must have permission from the parish for this plan. Such groups or organizations must also assume responsibility for those persons who might become intoxicated and must provide alternative transportation for anyone whose capacity to drive may thus be impaired.
- Recognizing the effect of alcohol as a mood-altering drug, it would be advisable to consider the nature of the function at which alcoholic beverages are proposed to be served.
- Chemical usage other than alcohol is clearly controlled under federal, state and local laws and, as such, should be forbidden at any church function.

The Commission also recommends to General Convention passage of the following:

Resolution #A—84

Resolved, the House of _____ concurring, That the 68th General Convention of the Episcopal Church, commending the work of the National Episcopal Coalition on Alcohol (NECA) and the service of Alcoholics Anonymous and other programs addressing the problem of chemical dependency, calls on local congregations to develop and engage in programs of education and training in treatment techniques, and reminds clergy and laity of the Church's pastoral responsibility for victims of these maladies.

5. Abortion: A time to reflect

There is no more volatile subject to debate in America today than the ethical issues surrounding abortion. The act of aborting a child is an emotional issue in itself; but it is also more, for it involves theology, the sanctity of the family, tradition, women's role in society, the law, medicine, an individual's freedom vs. government control, etc.

Unfortunately, it is emotion that in the public arena often overshadows all else—emotion on both sides. Frenzied anti-abortionists shout about baby killers, mass murder and sin with a stridency that has led some religiously dedicated people to bomb clinics. On the other side, equally strident pro-choice advocates wave banners decrying government interference with women's bodies and objecting to any and all limitations on a woman's control over the life within her. Fortunately, there is a vast middle ground between the two hysterias, a ground which accommodates many reasonable, thoughtful opinions on the abortion question. It is a middle ground with many variations of how to guarantee limited abortion rights, but a middle ground which easily gets torn up in the crossfire between the angry extremes.

It is in this middle ground where successive General Conventions have sought to place the Episcopal Church. In its most recent resolution addressing the problem (1982), General Convention said:

“Resolved, That the following principles and guidelines adopted by the 65th General Convention (1976) and reaffirmed by the 66th General Convention (1979) be reaffirmed by this 67th General Convention:

1. The beginning of new human life, because it is a gift of the power of God’s love for his people, and thereby sacred, should not and must not be undertaken unadvisedly or lightly but in full accordance of the understanding for which this power to conceive and give birth is bestowed by God.

2. Such understanding includes the responsibility for Christians to limit the size of their families and to practice responsible birth control. Such means for moral limitations do not include abortions for convenience.

3. The position of this Church, stated at the 62nd General Convention of the Church in Seattle in 1967 which declared support for the “termination of pregnancy,” particularly in those cases where “the physical or mental health of the mother is threatened seriously, or where there is substantial reason to believe that the child would be born badly deformed in mind or body, or where the pregnancy has resulted from rape or incest,” is reaffirmed. Termination of pregnancy for these reasons is permissible.

4. In those cases where it is firmly and deeply believed by the person or persons concerned that pregnancy should be terminated for causes other than the above, members of this Church are urged to seek the advice and counsel of a priest of this Church and, where appropriate, penance.

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

6. That the Episcopal church express its unequivocal opposition to any legislation on the part of the national or state governments which would abridge or deny the right of individuals to reach informed decisions in this matter and to act upon them.”

The Standing Commission on Human Affairs and Health has been importuned by churchpeople from many points of view to propose a new resolution on this issue for the 1985 General Convention. In weighing these pleas, we have studied carefully the new and excellent reflection on this problem prepared for the House of Bishops Meeting at Jackson in 1984 by its Committee on Theology. We commend to all a study of the Committee’s opinions.

Our Commission, though not unanimously satisfied with the 1982 General Convention resolution, believes with the Bishops’ Committee that it is hard to argue rationally or theologically for total abortion freedom. There are few if any, for example, who would argue that a fetus should be aborted late in pregnancy just short of normal birth. There are few who want abortion treated as just another form of birth control. On the other hand, there are also few (at least in our Church) who would advocate an absolute abortion ban in any and all instances. Most people would not wish to require a 13-year-old girl, carrying a fetus conceived in rape or incest, to go through nine months of horrendous mental anguish. And most would recoil from subjecting to criminal prosecution in the courts a woman who sees no moral wrong in aborting a week-old mass of tissue that has the potential of becoming a human being.

Moreover, the question of when human life begins is not answered easily. Is it the moment of conception? Or when the brain begins its endless crackling of electrical activity? Or when the embryo could survive outside its mother’s hospitable womb? Or at the moment of birth? Some would even insist that life, biologically speaking, is a continuum

and not something new at all. That which is new is the viable human being, and he or she is more than mere animal, become so by the host of factors playing upon that individual (including mother love and human affection).

Our Commission has concluded that, during the next triennium, the most useful thing for members of this Church would not be the enactment of another resolution on abortion by General Convention, but rather the inauguration of reflection and dialogue on this matter throughout our Church at the "grass roots" level. We propose, therefore, the following:

Resolution #A—85

Resolved, the House of _____ concurring, That this 68th General Convention request the several dioceses to initiate study and discussion of the personal, sociological, and theological implications of abortion by appointing appropriately representative diocesan commissions to oversee a process reaching into every local congregation willing to be involved. We recommend to all a study of the House of Bishops Report, and of other material as may seem wise. We request that the content of all deliberations be conveyed by June 1987 to a committee established by Executive Council to receive such material, and that a report on findings be brought to the next General Convention.

6. Aging: A call for a new approach

One out of four Episcopalians today is over 65. Fifty percent are between 40 and 65 years of age. Persons in the United States now over the age of 65 number 26,500,000. By the year 2010, every seventh American will be age 65 or over (39,300,000). Aging is part of God's natural, created order which the Church acknowledges and affirms. Today, with a greater proportion of people looking forward to extended lives, the Church needs to reassess its approach to aging and to its ministry with aging people.

Theologian Joseph Sittler, now eighty years old, blind yet still very much a seeing seer, recently reminded us sagely:

"It's the task of the church to introduce death into life, not make it a topic that is talked about at or near the end of life. Aging is sad. To confront death is not jellybeans. The Christian faith never, never makes soporific, gelatinous language about how nice it is to get old. It's sad; it's pathetic; sometimes it's even bitter; and it takes courage."

The aging include an ever enlarging number of individuals who are potentially still very productive, even though their productive positions have now been filled with younger workers. Often their contributions and effectiveness are undermined by the attitudes of those responsible for such displacement. In addition, their health may now be a more variable factor in the continuity of their activity. For these reasons, opportunities to utilize the accumulated experience of older persons are often lost. Thus, the aging offer an important and productive resource to our society, which we are often too short-sighted to use.

As persons grow older, they lose access to many former opportunities to participate. They may be restricted by a disability, or through access barriers, or lack of transportation. This, in turn, leads to loneliness and segregation from the community in which they live. It often results in a loss of familiar events important to their lives—including participation in the life of their church.

As people age, they are more frequently faced with grief over losing persons formerly close to them through infirmity or death. They are forced to reflect on the reality of

their own mortality. Their family can offer a balance to this by providing interaction with all ages and phases of life-experience. Statistics reveal that the majority of older people live close to at least one of their children, providing on the average a weekly contact with them. As fewer people opt for large families, however, and as life expectancy increases, the need for alternate support groups becomes crucial. Local congregations become particularly important to fill the gap, and parishes should work systematically at ways of providing this support. Activities of significance need to be developed, including (for those who can do so) visitations by the elderly to the elderly. Here the telephone can be a mighty aid.

Housing needs vary greatly among older persons. While many are comfortable with independent living, most need an assisted living environment at some point in their later years. Increasing numbers choose retirement home complexes, shared housing, or other community-oriented housing arrangements, or move in with or close to family. Those who require nursing home care, or for whom alternate housing is not available or financially feasible, may find themselves in a frustrating situation. Nursing home conditions may be unsatisfactory, with inadequate funding for improvements, underpaid and overworked staff, limited opportunity for community supportive services, and reluctance by people to visit. The Older Americans Act of 1965 (revised in 1972 and 1978) provided for an Ombudsman Program, operating at community, regional, and state levels, to be an advocate for the problems of anyone, including those in nursing homes. Congregations can help by encouraging the people who visit the elderly to be observant about conditions and, when lack of care is evident, report it to the Ombudsman.

The hospice movement provides an important alternative, so the terminally ill person can be cared for at one's home or in a special facility established for the dying. The hospice movement can help the dying person meet the transition from life to death, and helps the grieving family cope with their loss. Hospice volunteers need a strong religious foundation in order to be able to deal with their own emotions. A person's pastor should be an integral member of any hospice team. Teaching and counseling and emotional support need to be a part of the Church's work in this area.

There are many other areas of church involvement with the elderly which need reinforcement. We commend the Episcopal Society for Ministry on Aging (ESMA), designated by the General Convention of 1964 as the official agency of the Episcopal Church to develop ministry with and on behalf of older persons. Among other things, they need our advocacy in finding ways to reduce health care costs. Health care for the elderly costs four times what it does for other Americans—a cost that has skyrocketed 395% in the past 15 years. They need counsel as retirement time approaches. The Church Pension Fund offers pre-retirement planning, relocation allowances, and pension. The rather ambitious series of conferences on retirement, mounted by the Fund, are reaching out to younger and younger clergy each year. The pattern used by CPF, and now well tested, might be a model for parishes to use with lay persons looking ahead to retirement. Seminaries should consider including courses on ministry with, and care of, the aging. Lay ministry programs in dioceses and parishes need to be designed so as to prepare men and women to work with the aging more effectively.

To strengthen this Church's ministry with the aging, we propose the following resolution:

Resolution #A—86

Resolved, the House of _____ concurring, That the 68th General Convention expresses its appreciation to the Episcopal Society for Ministry on Aging (ESMA) for the leadership it has given in stimulating an ever deepening concern at national,

regional, and local levels for the Church's ministry to, and with, older persons; and be it further

Resolved, That the seminaries and schools of theology related to this Church be urged to enrich their course offerings with material, and their field work training with experience, in gerontology and the special pastoral needs of the elderly; and be it further

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

Resolved, That all dioceses, parishes, and missions be urged to accept responsibility for the development of opportunities for an active ministry by all older members, and to promote a spirit of church family through intergenerational ministry.

7. Persons with disabilities: Their full participation in church and society

When Jesus said, "Come unto me, all ye that labor and are heavy laden," he did not add, "unless, of course, your problem creates an inconvenience for me or you are not able to reach me." Yet the lack of accessibility (e.g., architectural, attitudinal, and communication barriers) of most churches to persons with physical and mental disabilities prevents them from taking full advantage of life in the community of the Gospel.

During the last few years, sensitivity for those who have disabilities has grown apace. A White House Conference on the Handicapped was convened; a national Religious Year of Persons with Disabilities held; the United Nations focused on the problem with a proclamation of 1983 to 1992 as the Decade of Disabled Persons. Most branches of Christ's church have taken similar actions. Indeed, Christians, when they think about it, know they have a special responsibility to increase the means for full participation in both church and society by all persons having disability.

Nowhere has this Christian concern been better stated than at the Fifth Assembly of the World Council of Churches, meeting in Nairobi, Kenya in 1975:

"A church which seeks to be truly united within itself and to move towards unity with others must be open to all; yet able-bodied church members, both by their attitudes and by their emphasis on activism, marginalize and often exclude those with mental or physical disabilities. . . . (They are) treated as the weak to be served, rather than as fully committed, integral members of the Body of Christ. . . . The specific contribution which (they) have to give is ignored. This is the more serious because disability—a worldwide problem—is increasing. Accidents and illness leave adults and children disabled; many more are emotionally handicapped by the pressures of social change and urban living; genetic disorders and famine leave millions of children physically and mentally impaired. The church cannot exemplify the full humanity revealed in Christ, bear witness to the interdependence of humankind, or achieve unity in diversity if it continues to acquiesce in the social isolation of disabled persons and to deny them full participation in its life. The unity of the family of God is handicapped where these brothers and sisters are treated as objects of condescending charity. It is broken where they are left out."

The Standing Commission on Human Affairs and Health speaks of "persons with disabilities" rather than of "the disabled" or "the handicapped." A disability does not

comprise all of an individual's attributes; it is, indeed, only a single facet of one's identity. To speak of "the handicapped" or of "the disabled" as a group is to be guilty, however inadvertently, of devaluating persons. Christians must see other people as men and women first, and then in terms of ability or disability.

"A disability is any impairment that substantially limits a person's ability to carry out a major activity," writes D. H. Milliken. "Disabilities may be obvious. . . or they may be hidden, such as a learning disability that hinders one's ability to read. Many people with disabilities do not consider themselves 'handicapped'; they have made adaptations that have enabled them to manage their lives successfully."

Milliken goes on to point out that, "disabilities also tend to fall into broad groups: those that are stable (e.g., mental retardation), those that are generally progressive (e.g., multiple sclerosis), and those that are regressive (e.g., many strokes and head injuries). . . . Those experiencing a disability before the age of 18 are considered 'developmentally disabled,' all others are said to have 'acquired disabilities.' . . . An estimated 80 percent of the general population will have a disability at some point in their lives. Currently, one of every seven persons is considered disabled. The most common disabilities are heart disease and hearing loss. Only about 10 percent of disabled people use wheelchairs. Ironically, the incidence of disability is expected to increase as medical and surgical advances enable us to prolong life following chronic illness or trauma. And as life expectancy increases and senior citizens comprise a larger proportion of the population (today some 27 million people are over 65; by 2010 it will be 39 million), a larger proportion of the population will be disabled."

Independent Living Needs

Persons with disabilities have the same needs as non-disabled persons. They require independence to function cooperatively and competitively in society. Many forms of disability hinder attainment of these goals. People with acquired disabilities need time to adjust, especially when the impairment has occurred suddenly. When a caring community is accepting of the disabled person's changed lifestyle and new limitations, the disabled individual can re-establish self-respect and continue to contribute talents and skills.

Achieving the independence necessary to carry on a full life may be difficult for a person with a disability. The person needs accessible housing, transportation and, in some cases, a personal attendant. For some, competition in employment may be necessary to attain their personal goals.'

To help achieve these ends, important national legislation has been enacted. The Supplemental Security Act and the Rehabilitation Act of 1973, for example, support persons with disabilities in obtaining housing and medical care and escaping discrimination. Medicare and provisions for subsidized housing co-payments have been important—though they have been significantly reduced by Congress in the last two years. Specifications for those conditions which merit help have been narrowed sufficiently so as to wreak hardship on otherwise deserving persons.

Helpful to disabled workers in securing jobs on a competitive basis in larger firms are some Affirmative Action Programs. Unfortunately, many smaller firms and employees are not bound to these programs. Thus, persons with disabilities continue to be among the highest group of unemployed people—16.9% for disabled men in 1982 versus 10.2% for the non-disabled; 18.3% for disabled women in the same year versus 8.8% for non-disabled women. Since ability to work is one of our society's major measures of independence and success, the problem of joblessness for disabled persons is a serious matter. To rectify the situation in the arena of competitive employment and upward mobility

for persons with disability will require accommodation (e.g., adaptive aid usage and barrier removal) along with major attitudinal reorientation of fellow workers and management.

Apartments or houses must be adapted to meet the special needs created by physical disabilities. Housing should be accessible to mass transit and/or to the workplace. Transportation also needs to be accessible—either private or public. Group homes for the severely handicapped are needed, an arrangement not only less expensive than institutional residences but more conducive to independent living for those who dwell there.

Persons working in behalf of more justice toward persons with disability or their families might wish to keep in mind six areas of primary need:

- Health services—including transportation, personal encouragement, and help in locating resources—in addition to direct health care.
- Moral and emotional support—by families, neighborhood and community. Also homemaker services, personal attendants, counseling, training in daily living skills. Respite care is an additional service that some families need.
- Living environment—as normal as possible, with minimal restrictions. Options to one's own home include foster care, semi-independent living programs, or group homes. Community support.
- Educational opportunity—ranging from infant learning programs and pre-school to secondary and continuing education.
- Vocational training—focused on skills for job preparation and retention.
- Enabling services—especially for the severely handicapped. Special counseling for families of those handicapped.

A Role for the Episcopal Church

The Episcopal Church has, in some ways, lagged behind other major communions in giving high priority to this issue. But the 1979 General Convention did direct that information about resources and educational materials should be made available for diocesan and parish use; that dioceses and parishes should develop a capacity to have their buildings, their liturgies, and programs accessible to disabled persons; that diocesan committees (composed in part of disabled persons) be appointed to implement these recommendations; and that the Office of Social Welfare in the Episcopal Church Center marshal and coordinate resources to support the dioceses and parishes in this ministry with disabled persons.

In 1982 General Convention authorized creation of a special Task Force, 51% of whose members should be persons with disabilities, and charged it to "deal with the accessibility of disabled/handicapped persons into all areas of life in the Episcopal Church." In response to this directive the Task Force on Accessibility was formed. Information packets have been mailed throughout the Church and a special consultant to the Task Force has been employed. An accessibility survey has been conducted to ascertain which dioceses have responded to the 1979 resolution by establishing committees. The Task Force has disseminated information widely on disability-related projects. Ecumenically, it has shared information with other communions and engaged in a number of joint presentations, displays, and witness.

We commend the Task Force for its work. We also commend the Episcopal Church Building Fund for issuing guidelines on how to make church facilities barrier-free, assisting with the planning of such facilities, and offering low interest loans for this purpose. We congratulate ECHO (Executive Council Housing Organizing Committee) for its focus on the housing needs of people with disabilities and for supporting the creation of such new housing projects. We commend the Coalition for Human Needs for making possible grant funding to programs which address this problem. We note with appreciation that

the Episcopal Conference for the Deaf continues its long history of advocacy for persons and congregations of persons with a loss of hearing handicap. We offer special congratulation to the Dioceses of Minnesota and Central New York for model programs in this area as well as to the new Episcopal Awareness Center on Handicaps (EACH, Inc.) headquartered in northern Virginia. We also offer the following resolution:

Resolution #A—87

Resolved, the House of _____ concurring, That the Task Force on Accessibility of this Church be commended and encouraged in its work and ministry of providing leadership, training, and education throughout this Church; and be it further

Resolved, That this Convention again calls on the dioceses which have not yet done so, to convene committees on disability concerns which can serve as an advocate for a ministry with persons having disabilities; and be it further

Resolved, That local vestries be encouraged to conduct accessibility surveys of their buildings and to designate a person or persons to be particularly responsible for disability concerns; and be it further

Resolved, That all Episcopal Church properties and all Episcopal Church meeting places be made (so far as possible) accessible to persons with disabilities, and barrier-free.

Resolved, That this Church promote the hiring of qualified persons with disabilities within its own structures and within society at large; and be it further

Resolved, That persons with disabilities not be disqualified for postulancy, for Holy Orders, for ordination or for further employment in the Church solely on the basis of their handicaps; and be it further

Resolved, That persons in leadership roles of this Church be encouraged to participate at community, state, and national levels in advocating legislation that will assist persons with disabilities; and be it further

Resolved, That the seminaries and schools of theological study identified with this Church be urged to incorporate into their curricula material relating to the ministry with persons having disabilities; and be it further

Resolved, That the liturgies, Christian education programs, and other forms of meetings throughout this Church be designed for the inclusion of persons with disabilities, using such materials as captioned public films and filmstrips and interpreters for the deaf; and be it further;

Resolved, That this Church at national, diocesan, and local places encourage and support the assumption of leadership roles in both church and community by qualified persons who have disabilities.

8. Health care availability: Challenge to the religious conscience

On October 17, 1984, an important study on health care was released by the National Citizens Board of Inquiry into Health in America. It presents a picture of inequality and unavailability of health care in the United States that shocks. It is clear that poor and near-poor people—especially the old and very young, those living in inner cities or in rural areas, and minorities—are the victims of grossly inadequate protection for their physical well-being. Among the major findings, the report reveals that:

- 33 million Americans have no health insurance protection.
- The U.S. infant mortality rate is increasing for the first time in decades. Already we rank 14th among the nations of the world.
- During the last four years, budget cuts have depleted Medicaid for the poor by \$5 billion and Medicare for the elderly by \$13 billion. Children were the most

numerous losers here, though impoverished senior citizens were hit nearly as hard, since Medicaid pays for health cost not covered by Medicare.

- In the past four years, 725,000 Americans have been deprived of medical services because of budget cuts for community health centers.
- In the same period, spending for maternal and child health care has dropped 18%, so that 9 million children get no routine medical care and 18 million receive no dental care.
- Each year, 15,000 pregnant women must wait six months before they can get medical attention because of changes in the law limiting governmental funding of family planning clinics.
- Last year, 200,000 Americans were denied emergency hospital care and 800,000 were denied routine hospital care because they were poor and had no health insurance.

In addition to the obvious injustice represented by the statistics cited above, there is an awareness by nearly every American that the costs of physician and hospital care each year recently have increased by double and often triple the annual rate of inflation. Thus, even the affluent are troubled. Moreover, current efforts to control medical costs by government have had minimal effectiveness. "Controlling medical costs has become the Great American Shell Game," according to a former Secretary of Health, Education, and Welfare, Joseph Califano. "Congress puts a cap on Medicare payments for 467 medical procedures, and hospitals just pass the costs off to the states. States put their own caps on Medicaid hospital payments, and hospitals just move the pea to private insurers and Blue Cross/Blue Shield. Congress caps payments to physicians in hospitals, and doctors move the pea outside the hospital to their offices or clinics where there are no caps." Thus, the new caps on hospital cost paid by Medicare and many states may allow politicians to boast about cutting deficits, but they do little to reduce the actual costs of the health care system. Hospitals and doctors simply shift their charges to private insurers.

Why is the availability of adequate medical care a special concern to the Christian church? Because care for the sick was a central priority in Jesus' ministry—that's the most elemental reason. We cannot be his faithful disciples unless the ministry of healing is an integral part of our response and witness to the Gospel. The apostolic vision sees health not as a state of physical perfection but as a promise of life that God has intended us to live. Moreover, as the Church addresses faith questions, it inevitably addresses societal issues. Health is not just the health of a whole person but of the whole society. Health is part of the mending of creation, but it must be seen also in the larger context of justice. There will never be health or the right distribution of health care in the world without justice. Questions of employment, of economics, of distribution of resources, of war and peace, of participation in society must all be addressed in order to address the issues of health and health care. Thus, members of our congregations are challenged to address the public policy issues of their community, region, and nation as these issues relate to injustices in the health care delivery system.

In doing so, churchpeople would be supporting the recommendations of the President's own Commission for the Study of Ethical Problems in Medicine, which declared in 1983:

"Society has an ethical obligation to ensure equitable access to health to all. . . . When equity occurs through the operation of private forces, there is no need for government involvement; but the ultimate responsibility for ensuring that society's obligation is met, through a combination of public and private sector arrangements,

rests with the Federal government. Private health care providers and insurers, charitable bodies, and local and state governments all have roles to play in the health care system in the United States. Yet the Federal government has the ultimate responsibility for seeing that health care is available to all when the market, private charity, and government efforts at the state and local level are insufficient in achieving equity."

Such health care should reflect a standard of adequate health care as a guarantee to every citizen. At the same time, it need not attempt to provide for every person the opportunity to take advantage of every sophisticated medical technique available. In other words, there should be a minimum beneath which no one's care should fall, rather than a ceiling above which no one should rise. Persons seeking care beyond the adequate standard should utilize their own resources.

Some of the most interesting inquiries into the current health delivery system have been mounted by American business enterprises. The Chrysler Corporation tells us a lot about what is happening. Its health care costs in 1984 exceeded \$400 million, or \$550 for every car it sold. To cut those costs, Chrysler began a careful examination of what it had been paying for. Among Chrysler's older workers, cataract surgery is common. The procedure takes about 20 minutes and rarely requires a general anesthetic. The average ophthalmologist in Detroit charges \$2,000. If he does three such surgeries a day, four days per week, 42 weeks a year, he earns more than \$1 million for less than 200 hours of actual surgery. Chrysler found out from a special study conducted by doctors that, in two-thirds of the hospitalizations, 2,264 of the 2,677 patient days were inappropriate. In short, Chrysler found that 25% of its hospital costs may be due to waste and inefficiency, the elimination of which would have saved \$50 million in 1984. For the entire health care system in America, an elimination of such costs might save more than \$50 billion (one-third of the projected federal deficit in 1985) without adversely affecting the quality of care. We note that Dr. Arnold Relman, editor of the prestigious *New England Journal of Medicine*, told Congress last year that "at least \$5 to \$10 billion a year is being wasted on useless or dangerous medical technologies, and almost as much on marginal ones not worth what they cost." He calls for control of "irresistible" commercial forces that place untested machines in hospitals and doctors' offices where they are used to pay off their costs.

American business alone, however, cannot control health care costs nor see to its more equitable distribution among all the needy. The Commission on Human Affairs and Health believes we need a national policy to restructure financial incentives in America's health care industry. Where possible, some marketplace discipline should be instilled; where not, some controls are needed. Certainly, it seems apparent that present government efforts at cost containment are not working. Costs disappearing from government health care budgets have a remarkable ability to reappear elsewhere in this essentially non-competitive system where cost shifting is so easy. The net result is a hidden tax on American business and all the citizenry.

Some proposals for rescuing Medicare seem to us outrageous examples of the shell game. The suggestion to delay Medicare eligibility from ages 65 to 67, for example, would cost American business and those citizens not fortunate enough to have employer coverage some \$75 billion. And, in the process, little will be done to eliminate any waste and inefficiency and inequity of distribution in the health care system.

As a first step toward reform, we propose that the President and the Congress establish a national commission to propose ways for reforming health care similar to the National Commission on Social Security Reform. This commission would be charged

with developing a national health policy to cut costs without reducing care, and to provide ways in which it can be made available on an equitable basis to all citizens, including those who are poor or young or elderly. Its members should include representatives of all the players: federal, state, and local government, business and labor, senior citizens and junior citizens, lawyers, physicians, hospitals, and health insurers. The churches of America, in ecumenical chorus, should call for the development of an efficient and just health delivery system. Our country cannot keep going the way we are. We simply do not have the money; and it is the poor, the young, and the elderly who will bear the heaviest burden of our current undisciplined folly. To this end, we propose the following:

Resolution #A—88

Resolved, the House of _____ concurring, That this 68th General Convention of the Episcopal Church invite its principal ecumenical and interfaith partners to join this Church in calling upon the President of the United States and the Congress to authorize and appoint a National Commission on the Reform of Health Care, charged with making recommendations concerning ways in which health services in these United States may be more economically and efficiently made available in a fair and equitable manner to all Americans, addressing in the process the 1984 findings of the National Citizens Board of Inquiry into Health in America; and be it further

Resolved, That this 68th Convention recommends and affirms the support by local congregations of community preventive health programs, including participation in alcohol and drug counseling, school health classes, immunization programs, maternal-child education programs, environmental health programs, crisis centers, suicide prevention programs, and poison control centers; and be it further

Resolved, That this 68th Convention encourage development of lay ministry training programs in local congregations, through which the pastoral care by the clergy can be extended to all ill members of their church community through lay visitation in homes and hospitals; and be it further

Resolved, That this 68th General Convention commends the many programs initiated by congregations in community outreach and services, and encourages expanded efforts by all congregations to identify their community resources and assist in raising financial and personnel support for such health services as food kitchens, shelters for the homeless, legal aid centers, mental health centers, neighborhood health clinics, homes for physically and mentally handicapped persons, home health care, and halfway houses.

9. Epicureanism, consumerism and sexual behavior

Ours is a consumerist society, oriented toward the enhancement of personal life, the development of personal style, the pursuit of personal tastes and enthusiasms. We are a do-your-own-thing nation in which social ties are often loose, and where the broader sense of Christian obligation to the greater society is increasingly blurred. It follows naturally enough that the consumerist attitudes increasingly color our behavior toward others. Americans tend to make and keep relationships according to whether they are sufficiently pleasure-giving. The predominant American cultural attitude is, in short, more recognizably Epicurean than Christian; and it is not surprising that others are often treated as disposable commodities, replaceable when they are no longer need-satisfying.

Unless reminded, Christians are likely to slip into the prevailing cultural attitude, forgetting that people are not commodities, things to be cast aside or used only as convenient. Through the great mystery of the incarnation, Christ sank himself into human flesh and changed its character forever, setting it apart from the rest of material and

biological creation. He set us apart, and we may not use ourselves, our bodies, or those of others in an exploitative way without defiling him.

When the sexual potential of human beings is used for some personal end, other than the expression of mutual tenderness and the procreation of children in the context of a loving family, God is dishonored in his incarnation. Of particular concern to us is the use of human sexual beauty for purposes of economic gain, something that occurs when people pose or perform for pornographic purposes, or when others participate in the pornography by paying for the product.

10. Surrogate parenting for hire

The congruence of consumerist values in personal relationships with technical advances in modern obstetrics now makes it possible that a fertilized ovum (an embryo) might be purchased for implantation in a woman who decided to procure herself a pregnancy. While we are not aware that such a pregnancy has yet been arranged, the technique is in use by veterinarians with dairy cattle. Members of the Episcopal Church need to be aware of this possibility, because, to the extent that such an embryo is a person, a human being may soon be for sale. Can the Church condone the buying and selling of the flesh into which Christ came down from heaven?

Artificial insemination has been used for several decades in order to offer childless couples the opportunity to raise a family. The Church, seeing the value of this and appreciating that the attitude of most such couples is loving and unselfish, has not opposed it. It is troublesome to reflect, however, that the semen for such inseminations is not usually a free gift of its donor, but is purchased instead, commonly from cooperative medical students who need the money. We are aware that blood is commonly bought and sold. While questions about the morality of this practice may be raised on the same incarnational grounds, we think that reproductive tissues (i.e., semen and ova), carrying as they do the potential for another life, are a special case that invites prayerful consideration.

The semen of donors who, for whatever reason, seem genetically desirable (athletes, Nobel Prize winners, for instance) can now be banked and offered for sale to unmarried women or childless couples. Does the Church concern itself with such enterprises? Are they undertaken in a spirit of generosity and love for the greater human community? Or are they primarily self-aggrandizing?

Surrogate motherhood—in which a woman offers her body to be artificially inseminated by a husband whose wife is infertile, carries the consequent pregnancy to term (usually for a significant fee) and then passes the baby over to the childless couple—needs to be examined in incarnational terms. On the face of it, and since this provides the same benefits as the surrogate father artificially inseminating another man's wife, there might seem little reason for judging one to be acceptable on moral and ethical grounds and not the other. There are, however, some fundamentally different emotional impacts in surrogate mothering that fill one with special trepidation. Certainly, the surrogate mother must experience all the nine-month emotional, psychological, and physical changes associated with childbearing which, among other things, will create ties to the newborn, even though she is being treated as a childbearing vehicle by the recipient parents. What may be the emotional effect on her own children when, after the birth of the baby, the child disappears? May they not wonder, "Am I to be given away too?" Can the adoptive parents be comfortable in the knowledge that their happiness is tempered by the sense of loss and separation experienced by the natural mother? Can the natural mother restrain her compulsions to enter the world of the child? In offering her sexual services for hire, how does the surrogate mother's action differ from prostitution? Can

one say in such cases that the baby, conceived by mutual contract, is being offered for sale? What about the theology of marriage? Does not the Prayer Book put the primary emphasis on the relationship of husband and wife, their "mutual joy" and "the help and comfort given one another," with the procreation of children secondary "when it is God's will." Many infertile wives, considering a surrogate mother for their child, argue that their marriage cannot be fulfilled without a child. Clearly, that is not the view espoused in our liturgical formularies. It seems to our Commission that, on balance, the gain for the couple with the new child via the surrogate route cannot outweigh the emotional distress and even grief experienced by the surrogate mother and her family. Thus, we feel compelled to offer the following resolution:

Resolution #A—89

Resolved, the House of _____ concurring, That the 68th General Convention, acting in the light of the Church's longstanding opposition to the selling of human sexual services, expresses its opposition to surrogate parenting for hire.

11. Marriage counseling in the Church: A report

A resolution of the 1982 General Convention (A-69) encouraged "each diocese to establish a special Commission on Marriage, the responsibility of which [is] to review and report on current diocesan policies and practices respecting Holy Matrimony." The central theme of such reexamination was to be the redemptive and sacramental nature of Holy Matrimony. Each commission was to consider the means of revitalizing a Christian concept of marriage, to review practices with respect to counseling of prospective partners in the sacrament, to inquire as to continuing education procedures for clergy and laity, to study the role of the clergy in a failed marriage, and to ascertain the extent and quality of prenuptial guidance, the continuing parish support for a married pair, guidance in childbearing and rearing, and other appropriate matters. The Convention directed the Standing Commission on Human Affairs and Health to study and review the responses made by said diocesan commissions and to report findings to the 68th General Convention.

Our Commission undertook such a study and review and, in a report completed on April 26, 1984, having had responses from 61 dioceses, learned that 19 dioceses had formed such commissions while another 11 had commissions under another name or were in the process of forming such a body. Thirty-one dioceses at that time did not have such a commission.

We find it difficult to summarize the findings. One typical diocese, however, may be illustrative. The Diocese of Maryland Marriage Commission was convened in 1983 and gathered data from a wide variety of sources and practices—including marriage preparation, nurture, responsible approaches for divorce and (if desired) remarriage. Part of their data came from rectors and couples they had recently married. Most of the Maryland clergy, according to the Commission, "take the canonical provisions concerning Holy Matrimony quite seriously, with well over fifty percent responding at the high end of a scale designed to measure the same. Only two priests reported taking a 'loose' approach to the canonical provisions." The vast majority of the clergy spend three or more hours during the process of premarital instruction. Fewer than 10% spend less time. Some clergy report spending 10 hours or more at the task. The Commission is now in the process of developing guidelines for the diocese—one set for laity and another set, more technical, for clergy. The Maryland Commission does not feel changes in Canon

are now needed, but they do feel there needs to be a clearer definition of what is uniquely important for a couple seeking marriage with Christian solemnization.

The Standing Commission on Human Affairs and Health has detected no great demand at this time by the dioceses for revision of the national Canons respecting Holy Matrimony or Remarriage after Divorce. We do believe the Church will be well served if other dioceses follow the lead of those who have already acted in response to the 1982 General Convention resolution. We commend once again the study and use of our Commission's 1982 statement on Marriage, as found on pages 134 to 140 of the 1982 "Blue Book." We recommend that our Commission monitor this whole matter during the coming triennium and bring such recommendations as may seem wise to the 1988 General Convention.

12. Some ethical concerns about developments in genetics

The recent and rapid progress of research into molecular genetics and developmental biology has provided great new insight into the development, differentiation, growth, function, health maintenance and progress of disease. Biomedical researchers foresee additional advances ahead and important benefits to the human race that can result from further experiments.

Many morally sensitive people, however, fear that we are already "playing God" in all this, and probing too closely to the fundamental manipulation of life itself. They wonder: May we not soon create bizarre new life-forms which will overrun the world? May we not be tempted to control human identity or to develop a "super race" and, perhaps, "servant races?"

The Standing Commission on Human Affairs and Health believes it is possible to acquire fundamental understandings about the basis of life, and to learn how to manipulate facets of life, without endangering the future of human beings or of the physical and biological environment in which people live. But two serious ethical questions about genetics need to be faced: (1) Should some limits be imposed on what human beings shall be allowed to learn? (2) How can we assure that good applications of new knowledge are allowed and encouraged while at the same time we avoid dangerous applications of that knowledge?

At the present time, these questions might be called "foresight" rather than "immediate action" problems. It is, however, very important that ethical leaders think about them now in order to relieve unnecessary fears and to prepare for future effective action.

One thing seems certain: a significant portion of our population is even now presented with genetics-related problems in medical ethics. Parents of a newborn with genetic birth disorders, families who know they carry genes which can cause serious disorders—both must wrestle with difficult choice options. Moreover, ethical problems about genetic disorders are not independent of ethical problems in genetic engineering. Some of the proposed genetic engineering experiments, for example, may so greatly increase our understanding about the etiology of certain genetic defects that it may soon be possible to provide effective therapy for conditions presently considered incurable.

Some Historical Background about Genetics

While genetics is very much a science of the 20th century—during which advances in the field have proceeded with exciting vigor—human beings have, in fact, been interested in (and have "tampered with") inheritance since at least the beginning of agriculture.

Consciously or unconsciously, the earliest farmers established "land races" of vegetable crops which today are still considered very important as sources of "life-saver"

genes critical for survival and the perpetuation of crops in times of special danger—such as the appearance of diseases which are usually rare but occasionally become epidemic. Likewise, over many centuries, farmers in particular regions made considerable progress in developing breeds of livestock with especially desirable qualities—such as high yield of milk or heavy coats of wool.

Development and advance theories of evolution were central scientific and cultural features of the late 19th century. When Gregor Mendel's fundamental laws of inheritance were first presented publicly in 1866, they attracted very little attention. The true era of genetics began in 1900, however, when three different investigators, all interested in chromosomes but working with quite distinct organisms, rediscovered Mendel's laws of segregation and independent assortment of "unit" hereditary factors, which soon became known as genes. Many workers, studying a great diversity of plant and animal species, showed that the Mendelian hypothesis applied almost universally.

Working on the Mendelian theory, effective directed selection programs were soon undertaken. This resulted in a marked stock improvement and increases in plant food yields, including development of hybrid corn and special "green revolution" varieties of grains. Early in the 20th century, also, a few human medical syndromes were recognized as transmitted in a simple Mendelian fashion. Medical genetics has now become a very important field.

As genetic studies continued, investigators became very much interested in finding out what genes really are, and how they produce their effects inside of cells. It became essential to determine the nature and function of the material responsible for transmitting genetic information. In multicellular organisms, the primary genetic material was found to be in the chromosomes, which are known to be made up of proteins and nucleic acids. Bacteria and viruses do not have quite the same chromosomal organization as do multicellular organisms, but they do have nucleic acids and elegant genetic systems and have proven to be invaluable research tools. Microbiologists, biochemists, and geneticists became and remain synergistic partners, advancing our knowledge of the basic biological nature of life.

The primary genetic material must have two special characteristics: ability to replicate itself exactly at each cell division, and power to provide the very specific information needed to control many thousands of intracellular processes. This specific information must be identical for successive copies of the same gene, but reliably different from that stemming from all other thousands of genes carried in the same cells. How could this possibly happen? Many experiments gradually made it clear that nucleic acids are very important in transmitting genetic information, and in 1953 James Watson and Francis Crick showed how deoxyribose nucleic acid, by a very special double-helix chemical structure, could replicate exactly at each cell division. This finding provided a major breakthrough for modern genetics and molecular biology. In 1962, Watson and Crick, along with fellow scientist, crystallographer Maurice Wilkins, were awarded the Nobel Prize in physiology and medicine.

Investigators soon found how specific DNAs could direct the synthesis of specific ribose-nucleic acid, or RNAs, which in turn direct the assembly of molecules or proteins, structural or enzymic, which govern cellular metabolism. The genetic "language" was decoded by which a particular sequence of three nucleotides (components of DNA and RNA) dictated the appearance of a particular amino acid (component of a protein chain). One fascinating feature of the genetic coding language is that it appears to be universal for all living things. As theology has insisted for a long time, we are all related!

The stage was now set for very rapid progress in molecular genetics, which has already had some effects on modern medical practice, and may well have greater effects in the future.

The Historic Basis for Fear of Scientific Advances

Since one reason for reluctance to endorse genetic engineering by many rests in the fear of applying new scientific knowledge, it is useful to weigh the current balance between the good and bad effects of such application. The 19th and 20th centuries have been the period of most rapid advance in the fields of chemistry, physics, and biology. Many diseases have been eradicated, others contained. Food has been multiplied, transportation and communication revolutionized. But, in the process, new problems have arisen. Environmental pollution, substandard living in cities, depletion of the soil and of natural resources are among these. While some deleterious effects might have been mitigated with more careful planning, there are a number of evils that still elude our control—including the disposition of radioactive wastes.

The perspective of history is helpful in weighing the “good” over against the “bad” in the application of new scientific knowledge. For many years after Jenner initiated vaccination against smallpox, a large portion of the public thought the procedure too dangerous, and there were protests mounted against its use. Today, worldwide vaccination has eradicated the disease so extensively that vaccination is no longer required. Moreover, the wisdom of immunization against other infectious diseases—including tetanus, measles and poliomyelitis—is accepted universally.

In our time, the splitting of the atom has been the application filling us with the most fear. The early application of that knowledge—the creation and use of the nuclear bomb—wreaked unimaginable destruction on the cities and the people within the first targets of Hiroshima and Nagasaki. Since that time, however, the use of radioactive substances in biology and medicine has been extraordinarily beneficial. The radiation-emulating materials now used for controlled radiation treatment of cancers were almost all produced in nuclear reactors. The use of “tracer-chemicals,” labeled with radio-isotopes, is one of the most important tools in today’s biochemical and other biomedical research. At the same time, of course, the continued creation of more powerful nuclear weapons goes on as part of the arms race, creating all over the world an understandable fear about the global catastrophe that may ensue if ever they are used by any of the several nations which now possess such weapons.

Do we have a similar reason to fear the application of genetic knowledge? While there is reason to believe it is possible to avoid misuse of this powerful new discovery, it is important to admit that there were damaging effects in the first application of human genetics. The eugenics movement of the 1910s and 1920s was, admittedly, simplistic, premature, and unwise. Eugenists attempted to impose governmental practices which they believed would “improve” the American population. There were laws passed restricting the immigration of presumed genetically inferior groups. There was also considerable feeling that “feeble-mindedness” was inherited in a simple manner. So compulsory sterilization of affected individuals and their relatives was advocated by some. With the increased understanding of quantitative genetics, however, where many different genes are understood often to affect one characteristic and where the interaction between genes and environmental influences are observed, the false premises of such genetic manipulation were discredited. In other words, a further increase in genetic knowledge led to more humane thinking!

The question rightly put, therefore, is whether society can find ways to encourage the search for new scientific knowledge while at the same time preventing dangerous and

ethically undesirable applications. This Commission believes that the answer is a cautious Yes.

Ethical Concerns in Genetic Engineering

During the past decade, researchers in molecular genetics have been following strict guidelines (which they as a group designed themselves) to avoid the slightest possibility of releasing dangerous new organisms into the environment or otherwise physically endangering the human population. Except for *in vitro* experiments yielding many copies of certain human genes, all investigations of which we are aware have been restricted to experimental animals.

In the course of identifying and working with particular genes, segments of extracted mammalian, or even higher plant, DNA are often "spliced" into circular plasmids of completely non-pathogenic viral material. Plasmids are essential for genetic engineering, where they are used in recombinant DNA experiments as acceptors of foreign DNA. A plasmid is hereditary material, generally small and relative simple, that is not part of a chromosome but is circular and self-replicating. Since these plasmids can multiply, the investigators developing them have, in a sense, created new life forms. But they can only survive and multiply in very special culture conditions, and can never invade our normal environment.

The process of multiplication of gene-containing plasmids is usually called gene cloning. It is very important to emphasize that this application of the term *clone* to copying single genes has no connotation of producing multiple numbers of identical individuals!

Effective therapy to reduce human suffering will become increasingly dependent on supplies of certain pure human proteins. Plasmids containing complete genes coded for such important proteins as human insulin, growth hormone, and interferon, have been encouraged to multiply and function in special *in vitro* conditions, thus yielding valuable supplies of pure human proteins needed for therapy against particular human diseases. Gene cloning to produce therapeutic substances seems to our Commission as ethically acceptable, and may even become an appropriate activity for large scale production by private industry. It will be important, however, to ensure that these pure human proteins are administered in an ethically appropriate way. For example: growth hormone can and should be used to counteract specific types of dwarfism, but not to create people who are artificially tall. Ethics committees, containing lay members, may be needed to restrict the use of proteins produced by genetic engineering to therapeutic or research purposes only, to settle questions about involvement of private industry, and to assure the availability of substances produced to individuals who need them the most on an equitable basis.

Ethical Concerns in Applied Human Genetics

In this report, "applied human genetics" refers to attempts to help afflicted families reduce the incidence of genetic disorders in the human population and to reduce human suffering from these disorders. Applied human genetics includes genetic counseling, prenatal diagnosis, screening for individuals at higher risk, and treatment or prevention of genetic disorder. We have no intention of recommending the creation of races with particular "superior" genetic characteristics. Indeed, we doubt very much that such attempts could be successful. Birth disorders and hereditary disease, however, are legitimate areas of Christian concern. Recent advances in medical expertise have greatly decreased infectious diseases and, thereby, have increased the relative importance of addressing genetic disease. Many inherited medical syndromes are yet to be identified.

Each congenital defect may be rare, but the combined array is impressively large. Something like 3% to 4% of American newborn babies show some kind of birth disorder. Moreover, in some ways the problems of birth disorders are exacerbated today by our changing life styles. With a large proportion of women working outside the home, for example, childbearing is often delayed until after 30; and by the age of 35, the probability of producing children with certain birth disorders increases markedly. In other ways, of course, the burden has lessened. Therapies have been developed to decrease the trauma of some birth disorders—such as hydrocephalus, for which pressure on the brain can be reduced by implanting a “shunt.” If certain metabolic errors are recognized immediately after birth, and special diets adopted, several kinds of hereditary mental deficiency can be avoided. Dr. John Fletcher, an Episcopal priest knowledgeable about genetic disorders, points out that almost 300 symptoms can now be diagnosed prenatally, with 20 more detectable in newborns.

Ethical Problems of Individuals and Families of Higher Genetic Risk

Two kinds of personal situation exist in relation to ethical concerns about birth defects. The first includes men and women who already know they are at risk and seek genetic counseling to avoid producing abnormal children, and thereby transmit an abnormal gene. The risk they sense may be high, as in the case of couples who have already produced one child with a simply-inherited genetic disease, or who have other relatives with the condition. Then there are the women who become pregnant after the age of 37 and have an increased probability of producing a child with chromosome anomaly, such as Down's syndrome. If a particular deleterious gene occurs with some frequency in a particular population group (such as the gene for Tay-Sachs in Ashkenazi Jews), members of this population may consider themselves to be at a risk. Genes for sickle-cell anemia appear with some frequency in Black populations. These people need to know how and where to find genetic counseling, and they often need pastoral care. Christians and other concerned citizens should promote the continuing establishment and expanded use of human genetics centers. The clergy can be helpful in guiding people to such centers and assisting them with interpretive advice. Early diagnosis in these situations is important. For example, Huntington's Chorea is a dominantly inherited, severely debilitating nervous disease that is not apparent until a person reaches 35 to 40—after he or she may already have produced children. Each offspring has one chance in two of carrying the abnormal gene and of transmitting it in childbirth. Identification of carriers has become possible only as a result of research published in 1983. Now, at last, potential victims and carriers of Huntington's Chorea can have a reliable basis for planning their reproduction. A professional genetics counselor is needed to advise families at risk, and the parish priest is needed to help with the consequences of learning that one either will or will not have the disease.

Of particular concern for families carrying genes for genetic disorders are decisions about prenatal diagnosis. Until quite recently, the only way known carriers could be sure they would not have severely affected offspring was to avoid producing children completely. Now that genetics enables us to detect abnormal fetuses by amniocentesis at 14-16 weeks gestation, known carrier parents can be sure of producing genetically normal children. But they must also be willing to make decisions about the fate of abnormal fetuses. For a fetus with severe disorders, abortion may be the only way to prevent profound suffering. As Christians, our ethical concern must be for all of the affected persons facing such a prospect—not to mention the attending physicians who must face dilemmas and decisions which frequently challenge their beliefs and moral sensitivity. The many complex factors which are often involved in decisions about abortion make it

desirable and ethically acceptable to maintain a non-absolutist position toward particular cases. This wisdom was enshrined in the language of resolutions on the subject, approved at successive meetings of the General Convention of our Church, which state that abortion is permissible "where there is substantial reason to believe that the child would be born badly deformed in mind or body."

Premarital Counseling

The frequency and severity of genetic disorders suggest an added role in counseling on genetic questions: Including a search for familial health problems when meeting with couples intending to be married; facilitating contact of parishioners with genetic centers; attempting to answer questions at a non-professional level; and encouraging discussion of ethical implications. All couples requesting a marriage within the Church could be invited to provide data, from as many relatives as possible, on abnormalities and causes of death. In some parishes, usually rural, the priest may also be able to recognize problems within the extended families of the couple. The intent here is not necessarily to avoid marriages which could be at risk for genetic abnormalities, but to make sure that both members of the couple have considered and faced potential problems. Inquiries could also be made as to the reaction of each toward use of amniocentesis for detection of genetically defective fetuses, and the actions they would be willing to consider in case of unfavorable findings. To facilitate all of these activities, we encourage inclusion in the seminary curricula of some training in human genetics.

Counseling Parents When a Child Is Born with Genetic Disorder

The birth of a baby with severe abnormalities, especially to parents who had no suspicion that they were at risk, is extremely traumatic. Anticipation of the birth of a child is a time of great hope, and the appearance of a less-than-perfect child is a great shock. While medical treatments now exist which can improve the future of many (though not all) genetically disordered babies, these usually require prompt decisions and may involve risks and uncertainties. It is very difficult for distraught parents to make critical decisions, which often have ethical aspects. Parents of seriously impaired newborn babies go through a series of predictable responses. The first reaction is numbness, denial, anger, and feelings of guilt. Eventually they become resigned, if the baby is too badly impaired to survive. If the child responds to treatment, they usually develop loving acceptance. The first, negative part in this series of parental reactions can greatly delay and complicate the reaching of necessary major medical decisions. Ministrations of a priest at this crucial time can be immensely important. A good pastor may provide an ear receptive to the intense feelings of affected parents, and may help those parents understand themselves.

An appropriately trained pastor may also facilitate effective contact with attending physicians and other affected parties, may help with interpretations, and can encourage parents to arrive at the best decision for their particular situation. We recommend that priests in general become better prepared in the understanding of human genetics; and that a special form of ministry be promoted for priests trained in genetics and ethics to work with parents of babies possessed of genetic disorders, and with attending physicians, helping them through traumatic times and assisting them to reach difficult but essential decisions.

We also encourage active support and participation by Church members with broadened understanding, tolerance and compassion in accepting and facing problems of affected individuals and their families.

In the light of these reflections, we propose the following resolution:

Resolution #A—90

Resolved, the House of _____ concurring, That this 68th General Convention encourages genetic engineering research directed to an increase in human understanding of vital processes, recognizing that human DNA is a great gift of God, lying at the center of life and directing our development, growth, and functioning; and be it further

Resolved, That, in order to provide effective therapy designed to reduce human suffering, encouragement should be given to the multiplication of cloned human genes in especially designed *in vitro* conditions, a process providing the valuable source of pure human proteins which make this therapy possible, provided that through action by Congress authorization is given to the Food and Drug Administration or to some other appropriate agency which includes non-scientist members, to assure an ethically acceptable use of these human proteins; and be it further

Resolved, That commendation be given to trained genetic counselors and the organizations which support them, including The March of Dimes; and be it further

Resolved, That the Board for Theological Education and the Council of Seminary Deans be requested to include basic training in human genetics in the curricula of our seminaries and in programs for continuing education of the clergy; and that clergy be asked to consider, as a special form of ministry, the acquisition of special training in genetics and ethics in order to work professionally with parents and doctors of babies with genetic disorders.

OBJECTIVES AND GOALS, 1985-88

Overall objective

To monitor the principal problems and issues confronting the human race at home and abroad, and to reflect on the theological understanding of these matters in light of biblical insight and in light of the responsibility of the Christian church. Matters affecting human health should be given special attention. The Commission should begin by reviewing the "unfinished agenda" carried over from the 1982-85 triennium, including the issues of child abuse, the plight of migrant workers, suicide, death and dying, health advocacy, and the nature of intimacy, work, helplessness. The Commission's work in the area of marriage and marriage counseling should be further pursued. It should be understood that, if past history holds true, there will be issues of major concern, not now envisaged, which the new Commission will wish to address.

Process for completing the overall objective

The new Commission will serve best if the Presidents of the two Houses take care to name persons to the Commission possessing special expertise in the areas cited in the paragraph above. Funding should be provided so that the Commission can invite special consultants to assist them from time to time. Provision in the budget should permit six meetings of three-day duration during the triennium.

BUDGET APPROPRIATION FOR THE NEW TRIENNium

Resolution #A—91

Resolved, the House of _____ concurring, That there be appropriated from the Assessment Budget of the General Convention for the expense of the Standing Commission on Human Affairs and Health the sum of \$35,950 for the triennium of 1985-88.