No. 8937

FINAL REPORT OF THE TASK FORCE ON HEALTH CARE, "RECLAIMING THE HEALTH MINISTRY OF THE CHURCH"

RECEIVED and REFERRED by the General Assembly to the General Minister and President for appraisal through existing structures with findings reported to the General Board.

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INTRODUCTION:

In 1985, at the Des Moines Assembly of the Christian Church (Disciples of Christ), Resolution-8536, "Concerning a comprehensive statement on health care delivery" was passed. This resolution provided that the church, "should have a current statement on the vital issue of comprehensive, quality health care as it affected the United States and Canada and the world at large," and further instructed the General Minister and President:

a) to appoint a Task Force to study the issue, prepare a report, and make recommendations consistent with other church policies;

b) to identify funding sources needed to support the study;

c) to refer this issue to appropriate ecumenical bodies for possible joint participation in the study; and,

d) to have this study developed and presented to the General Assembly meeting, in Louisville, Kentucky, October 16-21, 1987.

In accord with this resolution, the General Minister and President set up a Health Task Force to study the issues outlined, to prepare a statement, and to make recommendations. Its membership consisted of nine active Disciples of Christ members, most working as health professionals. This group of health professionals included, in addition to physicians and nurses, a hospital chaplain and a local pastor. A staff person from the Presbyterian Church U.S.A.'s Task Force on Health Costs/Policies also was appointed as a member of the Task Force. John Humbert, General Minister and President of the Christian Church (Disciples of Christ) served as staff to the Task Force.

Prior to the Louisville Assembly, the Task Force met four times and prepared an Interim Report which was presented to that Assembly. This report was divided into the following sections:

1.) Rationale, Theme and Purpose

2.) Definitions of Health and Healing

3.) Interim Findings of Task Force

4.) Recommendations

The recommendations contained in the Interim Report addressed the issue of the church as provider, employer and witness/advocate. This was further divided in terms of the three manifestations of the church: the congregation, the regional church, and the geneal church.

The recommendations were as follows:

"A. The Congregation

I. As Provider

The Task Force recommends the congregation assist the church in reclaiming its role in health and healing by surveying current health care services in its community, assessing the needs that are not being met satisfactorily for all community citizens, and organizing itself ecumenically if possible to "fill in the gaps" in services. The congregation may wish to become a focal point for education about and dissemination of information concerning current issues such as AIDS, nutrition, conditions of aging, etc. The congregation may also choose to become a direct provider of services within its own buildings such as prenatal clinics, blood pressure monitoring, mental health counseling, etc.

2. As Employer

The Task Force recommends the local congregation become a model employed in the community, overseeing the provision of adequate health care coverage for its full and part-time employees. Current studies indicate that frequently part-time employees in many organizations do not experience the complete coverage that is offered to full time persons.

3. As Witness/Advocate

The enhancement of ecumenical relationships in each community can stimulate the growth of awareness and the increase in knowledge of health care issues; therefore, the Task Force recommends the congregation join with its ecumenical partners to promote an emphasis on health and healing in the community. Such joint endeavors may offer the financial and moral support to address "gaps" in health care services.

B. The Regional Church

1. As Provider

The Task Force recommends the regional manifestation assist the church in reclaiming its role in health and healing by supporting the congregations with the provision of direct services at the local level. The production of health care information, the technical assistance needed to provide services to specific populations such as the elderly, AIDS victims and families, the lower socio-economic population, as well as the formation of a Regional Health Care Committee to coordinate regional services, are activities which may be provided at the regional level to strengthen the efforts of the local congregation.

2. As Employer

The Task Force recommends the region become a model employer, assuring full health care benefits to all employees—both full and part-time-and that it further encourage the congregations to provide equitable coverage for all employees.

3.As Witness/Advocate

The enhancement of ecumenical relationships at the regional level for the purpose of a more comprehensive, penetrating awareness of health care issues is a recommendation of the Task Force for the church at this level. The region has an opportunity to join with others in advocating for an increase in health care services to specific groups. The interpretation of national policies with regard to the Medicaid/Medicare coverage deserves the broader scope of regional awareness and action. Inherent in becoming an advocate for health care issues is the direct promotion of more healthful practices in the region such as attention to health habits and attitudes of church members, consideration of health environment requirements in newly constructed or remodeled church buildings in the region, and concern for the education of church leaders on the issue of bioethical issues to name a few.

C. The General Church

1. As Provider

The Task Force recommends the General Church lead its members in reclaiming the role of the church in health and healing by continuing to support—spiritually, financially, and publicly—the existing programs of its General Units. The response of the General Units to the provision of health care services should be expanded as requests are received by the congregation and regional level of the church to "fill in the gaps" formed by a lack of sufficient services presently. It is the hope of the Task Force that the General Units will—in each of their areas of concern and responsibility—establish pilot programs requested by local congregations as well as support ongoing programs seeking General Unit assistance.

2. As Employer

The Task Force recommends the General Church study its own health care coverage and seek to become a model employer through the practice of providing equitable health care coverage for its full and part-time employees. The Task Force further recommends that the General Units through the Pension Fund and its other insuring agents explore the possibility of decreased rates for health care coverage through the participation of preventive health measures such as no smoking, reduced alcoholic consumption or non-alcoholic lifestyle, regular seat belt usage, etc.

3. As Witness/Advocate

The Task Force recommends the General Church sponsor a seminar for church leaders of all three manifestations that would offer an opportunity for increased awareness of health care practices and issues that will elicit responsiveness to the reclaiming of the church's role in health and healing. Further, the Task Force requests the General Church assist in the enhancement of ecumenical relationships as we advocate and seek support for social issues in health and health care particularly as they effect the poor and the medically indigent. An informed and informing General Church may address legislative attempts to resolve national concerns such as the extension of private insurance to provide comprehensive coverage for more persons and for more frequently occurring conditions and diseases as well as the expansion of Medicaid/Medicare benefits to the uninsured and the underinsured."

An additional recommendation of the Louisville Assembly was that the Task Force continue two additional years and deliver a final report to the Indianapolis Assembly in 1989. The continuation of the Task Force was made possible by funds provided through the office of the General Minister and President.

Subsequent to the Louisville General Assembly, the Task Force held three additional meetings, two in 1988 and one in 1989. At two of these meetings Task Force members had the opportunity to learn about health care programs carried out by churches in the regions where they were meeting. These included the regions of Arizona and Kansas City. The final meeting was held in the Southwest region.

At its final meeting, the Task Force determined to structure its report in terms of what it found when it first convened, what it did during its term of office, what it learned as a result of its activities, and, finally, what it recommended to the church at large. The remainder of this report will be devoted to these four areas.

I. HEALTH ATTITUDES AND PRACTICES OF CHURCH MEMBERS

A. Existing Conditions:

The Task Force found that there was lack of information concerning Disciples of Christ members' health awareness, beliefs, habits and attitudes. Although there was some information available concerning membership of the Presbyterian Church, U.S.A., there was no similar body of data for members of the Disciples of Christ.

B. Activities:

The committee determined to carry out a survey of Disciples of Christ members, working in collaboration with the Office of Research. Survey forms were sent to 2,925 attendees at the Des Moines General Assembly and replies were received from over 1,700 of these attendees.

C. Findings:

A Summary of the findings of the survey are presented in the Interim Report of the Health Task Force. A more definitive presentation was made in connection with the interest group sponsored by the Task Force at the Louisville General Assembly. Sample findings include the following:

1) 63% have changed their diet over their concern for their health;

2) 45% have started to exercise regularly;

3) 35% are spending more time in prayer and meditation;

4) Nearly 97% agree that spiritual health is supportive of physical health and 95% agree that maintaining health is a Christian responsibility.

D. Recommendations: (See Recommendation I at the end of the Report)

II. CONGREGATIONAL HEALTH CARE MINISTRIES

A. Existing Conditions:

The Task Force determined that there was a general lack of information on existing healthcare ministries in local congregations. While anecdotal information was available to different members of the Task Force with regard to particular church programs, no comprehensive survey of programs within the church at large could be identified.

B. Activities:

The Task Force determined to carry out a survey of congregational activities and ministries within the church. Following the Louisville General Assembly, the Health Task Force approached the Office of Research concerning the coupling of a survey to obtain needed information in this area with an already proposed survey regarding the elderly in the church.

C. Findings:

A stratified sample of congregations in five geographic regions (Northeast, North Central, Southeast, South Central, and West) was used. Each strata was sampled equally (n=800) in order to allow for intra-regional analysis. Response rate for the survey was 52% with a range between 48 and 55% by region.

The Health Task Force contributed a number of different already identified health programs carried out by the churches to the questionnaire. The ten programs identified by the greatest number of respondents as "existing in our congregation and important" were: food pantry; minister of pastoral care or counseling on staff; lay pastoral care or visitation; blood drives; family outreach; singles group(s); Meals-on-Wheels; mother's day out; nursery day school; and rotating chaplaincy with other area clergy.

Additional programs, which were felt to be important, but did not necessarily exist in the congregations at the present time were: widows/widowers support group; grief counseling in groups; drug abuse counseling; self-help recovery programs; stress management training; marriage encounter; latch-key child care; parenting class; singles group(s); and telephone reassurance program.

D. Recommendations: (See Recommendation II at the end of the Report)

III. GENERAL AND REGIONAL HEALTH CARE PROGRAMS

A. Existing Conditions:

The Task Force determined, as with congregations, there was a lack of information on existing health care programs at the regional and general manifestations of the church. It felt that it was important to learn more about these programs prior to making recommendations for further activities by the regional and general church.

B. Activities:

The Health Task Force undertook a survey of general units and regions of the church regarding their existing health care programs. This was in the form of a letter from the chairperson of the Task Force to the presidents of each of the general units and through informal contact with the regional ministers. The Interim Report provides an outline of responses by selected general units.

C. Findings:

As is indicatd by the Interim Report of the Task Force, only a limited number of health-related activities were reported by the general units. Primary among these were the health-related ministries of the Division of Overseas Ministries and the National Benevolent Association, each of which has direct providers in health care working in its programs. The Division of Homeland Ministries also carries out a number of health-related programs, with a particular emphasis at the present time on AIDS. Other activities may be found by consulting the Interim Report.

D. Recommendations: (See Recommendation III at the end of the Report)

IV. HEALTH CARE COVERAGE OF CHURCH EMPLOYEES

A. Existing Conditions:

The Task Force expressed concern over health care costs and the availability of coverage for church employees. This is in keeping with the charge which the Task Force set for itself in the Interim Report to pay particular attention to the role of the church as employer. In its discussion with the Pension Fund and other units of the church, it became apparent that issues of costs and availability of coverage for church employees was a major issue within the church at this time.

B. Activities:

The Chairperson of the Task Force established contact with the president of the Pension Fund and entered into discussions regarding alternative employee health programs which might be developed. The Pension Fund shared with the Task Force its concern for this area and its responsiveness to potential suggestions from within the church for how to deal with this situation.

C. Findings:

As a result of its conversations with the Pension Fund and others, the Task Force determined that health costs to local congregations have been sharply increasing over the past year. It further determined that these costs were negatively impacting the ability of many small congregations, in particular, to maintain coverage for their personnel while carrying out normal program responsibilities. It further found that there were a substantial number of uninsured, often part-time employees in these same churches.

D. Recommendations: (See Recommendation IV at the end of the Report)

V. SUGGESTED PRACTICES FOR A MORE HEALTHFUL CHURCH

A. Existing Conditions:

The Task Force determined that in many instances the institutional practices of the church are not congruent with the health awareness expressed by its individual members. Examples of this include unhealthful meals served at congregational dinners, church assemblies, as well as the relative absence on non-smoking policies at all manifestations of the church.

B. Activities:

The Task Force decided to prepare a resolution concerning a no-smoking policy for the Christian Church. This policy would instruct that there be no smoking in facilities and meetings sponsored by the general manifestation of the church and recommends that the regional and congregational manifestations adopt similar no-smoking policies.

The Task Force also studied the issue of how to provide for more healthful meals to be served at General Assemblies of the church, as well as Regional Assemblies and at congregational meetings. It prepared an appropriate letter on this subject to be directed to the general church.

In addition, the Task Force provided feedback to general units of the church regarding its concern for more healthful lifestyles at official church functions. This should include more attention to the schedule of meetings, including opportunities for exercise, stress reduction, healthful meal service, and avoidance of smoking behavior.

C. Findings:

In its discussion with general, regional and congregational manifestations of the church, the Health Task Force determined that good health practices are not always of the highest priority to the institutional church. It further determined that there was an absence of overall coordination of good health practices within the church.

D. Recommendations: (See Recommendation V at the end of the Report)

VI. ESTABLISHING A METHOD FOR REVIEW OF HEALTH ISSUES

A. Existing Conditions:

Since the Task Force had been named by the General Assembly to carry out the specific task of looking at health care issues for the church, a resolution on handicapped infants referred from the Des Moines Assembly was sent to the Health Task Force by the General Minister and President for review and possible rewriting.

B. Activities:

The Task Force received and reviewed the contents of the Handicapped Infant Resolution, revised it, and further expanded it to include the rights of handicapped persons. The rewritten resolution was then sent back to the General Minister and President for review by the General Board.

C. Findings:

The experience of the Health Task Force in receiving and reviewing the Handicapped Infant Resolution underscored in the minds of Task Force members once again that there was no existing mechanism in the church for review of health-related issues and policies. The Task Force felt this was an important function and that some such mechanism should be available on a continuing basis.

D. Recommendations: (See Recommendation VI at the end of the Report)

VII. GLOBAL HEALTH CONCERNS OF THE CHURCH

A. Existing Conditions:

In its work the Task Force came to realize that there was a general lack of understanding and concern for global health problems and issues. While the church has historically been active through the Division of Overseas Ministries, the Division of Homeland Ministries, the National Benevolent Association and others of its general units, the Task Force felt that there was inadequate appreciation of the health components within each of these units of the church.

B. Activities:

In response to its concern for the global health mission of the church, the Chairperson of the Task Force joined the General Minister and President and other church officials on a peace mission to Nicaragua sponsored by the Division of Overseas Ministries. This trip incorporated a survey of health conditions and health care facilities in Nicaragua.

The Health Task Force also entered into discussions with a Vietnam interest group within the church concerning the possibility of a visit to Vietnam by one or more members of the Task Force. If this is accomplished, it is likely to be carried out sometime in late 1989 or early 1990.

C. Findings:

As a result of its readings, the visit to Nicaragua, and report from units of the church, the Task Force determined that there exists a great need for improved health care throughout the developing world. The Task Force further concluded that the congregational manifestation of the church is frequently the last to learn of these needs, while being an essential link in providing needed services.

D. Recommendations:

(See Recommendation VII at the end of the Report)

VIII. INCREASED HEALTH AWARENESS BY THE GENERAL ASSEMBLY

A. Existing Conditions:

The Health Task Force determined that there was a general lack of awareness at the General Assembly of health issues. It further determined that there was a need for a more visible health presence at the General Assembly.

B. Activities:

The Health Task Force provided certain health services and information at the Louisville Assembly and planned a continued and expanded presence at the Indianapolis Assembly. These activities included:

1) a booth in the exhibit area of the Assembly, which provided educational materials and technical assistance to establish health-related programs;

2) the implementation of a health risk appraisal instrument for Assembly attendees who are interested in participating in Indianapolis;

3) the development of a model Health Sunday liturgy to be experienced during a worship service at the Assembly;

4) the development of a model curriculum for Christian education in the field of health that exemplifies the theological mandate for service in this area;

5) the development of a health-related bibliography, which can be used by local congregations wishing to pursue this matter in greater depth; and

6) the implementation of Assembly interest groups to consider health issues in greater detail.

C. Findings:

Through its work at the Louisville Assembly and its plans for the Indianapolis Assembly, the Task Force found church members to be interested in and responsive to the issues presented. Each of the services offered by the Task Force was well-received by the membership of the church.

D. Recommendations:

(See Recommendation VIII at the end of the Report)

IX. NEED FOR AN ECUMENICAL APPROACH TO HEALTH CONCERNS

A. Existing Conditions:

Throughout its deliberations the Task Force determined that health care issues are complex and expensive. This undoubtedly explains why the church has often found difficulty in carrying out its historic mandate to provide a health ministry.

B. Activities:

In order to further expand its capabilities and understanding of the issues involved, the Health Task Force combines its efforts with that of the Presbyterian Church, U.S.A., drawing upon the experience and knowledge of the staff person of their Task Force on Health Costs and Policies. In addition, the Task Force looked at programs carried out by other denominations.

C. Findings:

In its review of denominational health programs, the Task Force concluded that similar needs were being met by different denominations through similar approaches. Once again, considering the complexity and costs of health care delivery, the Task Force determined that there was need for cooperation at all manifestations of the church in approaching these issues.

D. Recommendations:

(See Recommendation IX at the end of the Report)

X. HEALTH NEEDS OF SPECIAL POPULATIONS

A. Existing Conditions:

Throughout its work and in communication with members within the church, the Task Force was continually reminded that there are many population groups in need of health care and attention. These include the elderly, the young, the poor, the handicapped, the homeless, the mentally ill, those who live in isolated geographic areas, and people with specific debilitating conditions such as AIDS.

B. Activities:

Because of time and resource constraints, the Health Task Force was unable to deal in detail with any of these particular issues, but realized the importance of each of them to the successful completion of its mission.

C. Findings:

After nearly four years of work, the Task Force is more convinced than ever regarding the serious deficiencies that exist in the current health care system to meet the needs of certain specified populations. The Task Force feels that while the church cannot answer all of these problems by itself, it has a unique and distinctive responsibility to be informed and to be helpful, where possible. This help can often be provided at the individual level.

D. Recommendations: (See Recommendation X at the end of the Report)

Through the ages the religions of the world have been concerned about the well being, mentally, physically and spiritually, of their adherents, and have reflected this concern in their theologies. For centuries, Jewish theology has taught that God calls the peoples of Israel to a covenant relationship between themselves and the Creator who called them into being. When faithful to the Covenant (I will be your God. You will be my People...), the community of faith did well. To fall away from the covenant promises was to invite disaster, or suffering. The Holiness Code, along with the Ten Commandments and laws of purification, was a code that had strong overtones related to the health of the community of faith, both physical and spiritual. Many of the laws of the Holiness Code were then as now possessed of strong preventive measures.

In the New Covenant, the life, teaching and ministry of Jesus focused strongly on health. The Gospel of Mark is strongly oriented towards the healing ministry..."Go your way, your faith has made you whole..." As he went about with the first disciples, "teaching and healing," he assisted persons in ways which were restorative of one's life physically, emotionally, spiritually and to one's community of faith and family.

The early church continued Jesus' ministry, constantly working to improve the status of individuals in every aspect of their lives. Healing seemed to be a visible and tangible consequence of the life of the church's understanding of the resurrection and the community's own expression of Christ's continuing presence after the trauma of the Cross and the good news of triumph over death. Early miracles (cf. Acts 3:lff) were healing miracles. Through the years, the Church built hospices and hospitals, missionaries with the medical and teaching skills were

sent out, and health and healing were of central importance to the mission of God's people. We believe this must continue to be a crucial element of the church's faithful witness, lived out as health care provider, responsible employer, and in strong advocacy of the right of every person to health care services in order that all may experience the wholeness of life.

TASK FORCE ON HEALTH CARE

Marl Lee Loving, Chairperson, SW
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Thomas Mainor (Presbyterian Church, U.S.A.)
John Humbert, Staff [General Office, Christian Church (Disciples of Christ)]

RECOMMENDATIONS:

I. Health Attitudes and Practices of Church Members

While the Task Force acknowledges that there is a growing awareness of the theological connection between our faith and the need for living a healthy lifestyle, it also observes that our practice often falls short of our belief. Accordingly, the Task Force recommends:

A. That there be theological study and increased spiritual awareness of our mandate for treating the body as a temple and the practical implementation of this belief in our everyday lives;

B. That members of the church should be encouraged to engage in healthful lifestyle practices, both within and outside the church community. This should include, but not be limited to, providing opportunities for lifestyle changes and positive health practices within the church.

II. Congregational Health Care Ministries

As a result of the information obtained in this survey, the Task Force recommends:

A. That congregations establish health committees, composed of both health professionals and lay persons interested in health issues. These committees shall have responsibility for assessing the need in their congregations and in their communities in order to determine what gaps exist in current service delivery programs.

B. That there be established regional health committees, which will take responsibility for health program concerns of the region. These regional committees should support the congregational health committees in their individual activities.

C. That at the general level there be established a health Sunday, which will be celebrated in all Christian churches simultaneously and which will recognize the unique contribution of health workers to the Christian ministry. It is recommended that the Division of Homeland Ministries be entrusted with the responsibility for selecting a specified date for this purpose and that the National Benevolent Association publicize and promote Health Sunday among the congregations.

III. General And Regional Health Care Programs

In order to improve information on existing health care programs at the regional and general levels and to further new programs, as well as coordination of existing programs, the Health Task Force recommends:

A. That there be identified a staff person in the general manifestation, who will be a member of the staff of the National Benevolent Association. It is suggested that this be referred to as "Office of Health/Healing Ministries" within the Christian Church (Disciples of Christ);

B. That there be established a Disciples Health Fellowship, which shall be a network of health professionals and other interested individuals within the general church who wish to promote a more active health ministry. The Task Force recommends that this Fellowship be staffed by the Office of Health/Healing Ministries of NBA, and that once formed, it consider application to be an "Organization with a Recognized Relationship with the General Assembly."

It is anticipated that the Disciples Health Fellowship will convene for its first meeting at the Indianapolis Assembly and will meet at least annually thereafter. It is further anticipated that the Fellowship will provide educational direction, support and encouragement for health-related activities and ministries in the Church.

IV. Health Care Coverage of Church Employees

In view of its findings concerning the increasing cost of health care and the inadequate coverage for church employees, the Task Force recommends:

A. That there be an independent study and evaluation of Disciples of Christ health benefit programs, carried out in cooperation with the Pension Fund, and composed of experts in the field of health care and representative ministries affected by this health care. It is further recommended that the results of this study be reported to the General Minister and President for conveyance to the General Board and the Pension Fund for implementation.

B. That congregations cover as many of their employees as is feasible under the Disciples of Christ health care plan, realizing that in some instances it may not be possible for congregations to cover all of their employees, particularly those who are part-time. The Task Force does feel, however, that there is a special obligation placed upon the congregations to assure coverage for as many of their employees as possible.

V. Suggested Practices for a More Healthful Church

In accordance with its findings, the Task Force recommends:

A. That the no-smoking resolution developed by the Task Force and submitted in conjunction with several regions of the church, be approved at the General Assembly in Indianapolis: and;

B. That, with the assistance of the Deputy General Minister and President, each of the units and organizations in the church holding meal functions at the General Assembly in Indianapolis practice a more healthful lifestyle through the selection of their menus. In this regard, it is suggested that they follow American Heart Association recommendations for meal selection.

VI. Establishing a Method for Review of Health Issues

The Task Force recommends:

A. Passage of the revised Handicapped Infant Resolution, as submitted to the General Board;

B. The establishment of an ongoing method of reviewing health-related issues and policies. The Task Force suggests this might be accomplished through the identification of a general staff person (see recommendation III-A) and the development of a Disciples Health Fellowship (see recommendation III-B);

C. An ongoing method for congregational and regional review of health-related issues. The Task Force sees the congregational and regional health committees (see recommendations II-A and II-B) as a way of implementing this recommendation.

VII. Global Health Concerns of the Church

In view of the findings, the Task Force recommends:

A. That there be increased education concerning involvement in global health issues at the congregational level;

B. That the Christian Church (Disciples of Christ) more actively support world health programs with money and supplies;

C. That the church encourage individual members to travel to needy areas and experience first-hand the need for improved health services in these areas;

D. That the church in all of its manifestations serve as a witness to the United States government regarding how best to provide positive responses to international health needs through the development of creative policies;

E. That the Christian Church (Disciples of Christ) work ecumenically to promote improved world health, realizing the importance of joint involvement in this complex area;

F. That the church at large affirm its commitment to "Health for All" for the year 2000, in solidarity with the World Health Organization and its member nations.

VIII. Increase Health Awareness by the General Assembly

In view of the demonstrated interest by members of the church in the activities carried on by the Task Force, the Task Force recommends:

A. That the liturgy developed for use on Health Sunday be made widely available to congregations for their consideration and possible use;

B. That the curriculum developed for Christian education be further developed and distributed by the Christian Board of Publication;

C. That the proposed Disciples Health Fellowship continue to maintain a high level of aware ness for health issues at General Assemblies and, where possible, at regional assemblies of the church.

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IX. Need for An Ecumenical Approach

In view of its findings, the Task Force recommends that there be an ecumenical approach to issues of health and healing by the congregational, regional and general manifestations of the church. Congregations are encouraged to seek out congregations from other denominations in their areas to become involved in health care services at the local level.

X. Health Need of Special Populations

A. The Health Task Force recommends that individual members of the church, working individually and through their congregations, become increasingly sensitive to and aware of problems inherent in special populations facing health needs. While all of these populations are of great importance and concern to the church at large, the Task Force would like to place particular emphasis to the need for understanding in dealing with patients with AIDS.

B. The Task Force further recommends that upon the establishment of the Disciples Health Fellowship that one of its first agenda items be the identification of populations in need and the development of specific church-related programs which can be helpful in dealing with each of these conditions.

Task Force on Health Care
General Board

The General Board recommends that the General Assembly RECEIVE Report 8937 and that it be referred to the General Minister and President for appraisal through existing structures with findings reported to the General Board. (Debate time 12 minutes)

The recommendations in this report would necessitate increased financial resources for the several units of the church which are identified as the ones to be responsible for such things as: 1) establishing and supporting a Disciples Health Fellowship, 2) conducting an independent study and evaluation of Disciples of Christ health benefit programs and 3) providing resources for the proposed Health Sunday, as well as the several additional recommendations in the report.
Please refer to the general statement of the Commission on Finance.