

# **Renewing the Commitment to Anglican Health Care: The case for an Anglican Health Network**

## **Report to Anglican Consultative Council May 2009**

### **Background**

The established tradition in which the Church offered health care services to the communities of which it was a part has diminished in the face of modern comprehensive health systems. Many Anglican and Episcopal hospitals have been sold to private or public providers in the developed world. In the developing world hospitals and clinics have been closed due to cost constraints. There has been little reflection on the impact of this retreat, but an underlying assumption that it is no longer the responsibility of the Church to provide medical care except in a vacuum of provision in the poorest communities.

At the same time, the practice of evidence-based medicine offered by scientifically trained physicians has assumed prominence over the healing arts practised by religious communities. As scientific understanding has taken centre stage, the practice of 'faith healing' has remained vibrant in many settings, but mostly disconnected from modern medical disciplines.

These trends no longer seem to serve the Church or the wider society well. There is a widespread renewed interest in holistic approaches to medicine, and a positive policy shift towards the contribution of faith-based medical services to national health systems. Along with global health development donors, the World Health Organization is seeking to utilise church health programmes in a pragmatic step to maximise health impacts through a mixed economy of public, private and civil society delivery partners. Moreover, the remaining Episcopal hospitals in the United States have resisted proposals from the health care industry to buy their facilities on the basis that their spiritual and pastoral approach adds value to the clinical setting. Anglican health programmes find that the medical establishment is showing renewed interest in the multiple elements of their work.

Perhaps the most significant driver of this renewed interest in faith-based health care has been the spread of the HIV/AIDS virus, which has in some countries reached pandemic proportions. At a time when the global health community continues to fail those most vulnerable to the disease, the churches have reflected both on their preventative messages and on their ability to treat the sick and dying. In conversation with various global health agencies, they have recognised that they have a great deal more they can offer to begin to halt the progress of the virus. And it has been in assessing the opportunities and needs of HIV service provision that the agencies have begun to recognise that there is a more sustained and permanent place for church medical programmes in national health systems.

At a plenary session of the World Health Assembly held in Geneva in May 2008, Archbishop Desmond Tutu gave the headline address. He suggested

that God looked at the medical establishment as a partner in the holy quest to bring life and health. This message was warmly received, especially in the context of a renewed commitment to the primary health care model. Following a series of interactions within the Anglican Communion, it seems timely that an Anglican Health Network should form to foster and guide a renewed commitment to God's mission for health and wholeness.

### **Lambeth Conference: interests coincide**

The proposal to form an Anglican Health Network emerged during the Lambeth Conference at two self-select sessions. The following people had been considering independently the value of some Anglican collaboration, and came together at the sessions to share their ideas:

- Bishop John Gladstone of the Church of South India, who has engaged in a major renewal of the province's mission hospitals
- Bishop Rayford High of the Diocese of Texas, where the St Luke's Episcopal hospital system offers a significant proportion of health care in the Houston area.
- Revd Paul Holley of the Anglican UN Representation in Geneva, following his work with the World Health Organization, the Global Fund and the Council of Anglican Provinces in Africa on HIV/AIDS.
- Revd Dr Don Thompson of the Colleges and Universities of the Anglican Communion, following an interest shown by some of the member medical colleges in linking with Anglican hospitals.

In addition, 15 bishops from dioceses throughout Africa registered their interest in being supported in health care projects. Bishop David Beetge of Southern Africa and his development colleague Dr. Robert Lee of Fresh Ministries offered their support, as did Bishop John Pritchard of Oxford.

### **Anglican Health Assets study**

During August 2008 an intern at the Anglican UN office in Geneva carried out a desk-based review to begin to pull together an Anglican health care database. This built on a previous study of the response of the Anglican provinces of Kenya, Tanzania and Zambia to HIV/AIDS, which revealed a significant spread of medical work (see [http://www.aco.org/un/resources/working\\_together.pdf](http://www.aco.org/un/resources/working_together.pdf)). The database study garnered information about Anglican health facilities where web-based information was available, identifying 145 facilities in 96 dioceses. This covered a limited number of Provinces, and the information on it has not been independently verified, but it gives an indication that Anglicans are sufficiently active in health care delivery to warrant greater attention.

### **Episcopal Health Ministries Conference 13-15 January 2009**

Following the Lambeth Conference, Bishop High invited a range of participants to the St Luke's Episcopal Health System conference centre in Houston to consider further the value of Anglican/Episcopal collaboration.

Delegates included health managers, medics and chaplaincy staff from within the Episcopal Church, including representatives from Haiti and Puerto Rico, plus others from the wider communion including Bishop Gladstone, Revd Paul Holley and the medical director of the Diocese of Jerusalem. Following this, the Revd Holley took the initiative to form an email distribution list of those present under the banner of an Anglican Health Network, and is now leading the development of the ideas and structures that will form the basis of the network. One immediate project was to facilitate a transfer of some used medical equipment from US Episcopal hospitals to those in the developing world.

### **An Anglican Health Network rationale**

The following points have emerged in discussion at the two conferences:

Why should Anglicans and Episcopalians form a health network?

1. To renew the Church's gospel calling to go out and heal the sick.
2. To utilise the strengths of a common Anglican identity in mobilising resources and expertise.
3. To facilitate the Communion's commitment to the MDGs; recognising that Anglican and Episcopal health ministries are in a position to deliver health improvements to the poor.

Proposed outcome:

Increased scope and quality of Anglican health activity leading to substantial gains in the health of the communities served, particularly amongst the poor.

Potential practical outputs:

1. Establish a web-based portal for communication and interaction. Produce a regular newsletter and animate specialised email discussions.
2. Organise a programme of conferences to facilitate learning and relationships.
3. Facilitate the shipping of used medical equipment from hospitals in the developed world to those in the developing world.
4. Establish a system of exchange visits for medical and management staff amongst Anglican/Episcopal hospitals and other health-related projects.
5. Enable the funding of professional development for medics in the developing world.
6. Facilitate effective political relationships with global, national and local health authorities and develop partnerships.
7. Develop relationships with donors to bid for increased investment in the Anglican capacity to deliver health gains targets amongst the poor.
8. Build the capacity to provide technical assistance to those seeking to develop existing or new health activity.

9. Pioneer some new approaches to health funding through social business and insurance models.
10. Animate a broad discourse on the theological, pastoral, political and economic aspects of modern health and well-being.
11. Provide a forum where medical ethics can be debated.
12. Create a dynamic database of health activity in the Communion.
13. Compile the learning and publish.

### **Next steps**

An interim steering group meeting will be gathered to consider the operation of individual and institutional membership of the network. This group can be drawn from the following interests:

The hospitals of the Episcopal Church  
The Church of South India  
The Council of Anglican Provinces in Africa  
The Diocese of Jerusalem  
The Church of England  
National Episcopal Health Ministries  
Church Pension Fund  
Anglican Aids South Africa  
Anglican UN Office Geneva

The governing mission principle of this initiative is found in the simple instructions of Jesus to his disciples: 'He sent them out to proclaim the kingdom of God and to heal the sick'. *Luke 9.2*

Revd Paul Holley  
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