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PHOTO: DE VISU/SHUTTERSTOCK

Some studies suggest up to 30% of people experience chronic or long-term loneliness.

B.C. priest's study finds gratitude a potential tool in fighting loneliness



Loneliness lessens after seniors participate in gratitude exercises

Tali Folkins
STAFF WRITER

Prayers and other expressions of gratitude may hold significant potential in making people feel less lonely, a small study by a B.C. priest suggests.

Last summer and fall, the Rev. Eric Partridge, rector at the Anglican Church of St. Andrew in Sidney, B.C., paired six research volunteers from the church's pastoral care team with six senior parishioners. Team members measured both their own and the seniors' levels of loneliness using an assessment system employed by loneliness researchers (the UCLA Loneliness Scale) as well as a "narrative" assessment based on conversation between the volunteers and seniors. Then they met six times over the next 14 weeks to perform gratitude practices together. When researchers and seniors were assessed again at the end of the 14 weeks, all of the seniors, and some of the researchers, showed reduced levels of loneliness. The study also assessed participants' levels of gratitude

before and after the 14 weeks, Partridge says, and found similar results.

"I was really expecting that the results would be somewhat mixed, because you had people who were in a huge variety of life circumstances," he says. "I was absolutely stunned by the results."

The seniors' score on the UCLA Loneliness Scale—which gives a higher number for a lower degree of loneliness—increased an average of 17.5%, according to Partridge's dissertation.

A followup survey seven months later, he says, found that most of the participants were still using at least one gratitude practice and most were still feeling less lonely. As of press time, Partridge was planning a more detailed followup for this fall.

Partridge says his team's research shows a link—though not necessarily a causal one—between increased feelings of gratitude and reduced feelings of loneliness. And although, he adds, his study may not have produced results as conclusive as a project involving a much higher number of participants, he hopes it will contribute in its own way toward efforts to ease people's loneliness.

"It's a small enough sample that it doesn't tell you anything other than, 'This may be a

See LONELINESS, p. 14

National Youth Project inspires homelessness education



▲ Last year's Canadian Lutheran Anglican Youth gathering set the stage for development of new resources themed around homelessness.

PHOTO: CONTRIBUTED

Matt Gardner
STAFF WRITER

Welcome ... Home, the National Youth Project (NYP) for 2018-2020 focused on homelessness and affordable housing, is moving ahead with a new website and multiple new resources available online.

The NYP traditionally kicks off at the Canadian Lutheran Anglican Youth (CLAY) gathering, and *Welcome ... Home* officially launched at last year's CLAY event in Thunder Bay. With the release of a revamped CLAY website at claygathering.ca, new and existing resources to encourage education on homelessness can now be found there.

While the resources are primarily targeted at church youth group leaders, Sheilagh McGlynn, national youth animator for the Anglican Church of Canada, suggests that many other people could benefit.

See NO PLACE, p. 10

Indigenous midwives exchange knowledge: PWRDF program shares best practices from Canada, Mexico and Peru



▲ Midwives can offer culturally appropriate skills, resources and medicines, like evening primrose.

PHOTO: KAZAKOV-MAKSIM/SHUTTERSTOCK

Matt Gardner
STAFF WRITER

Pregnant Indigenous women who wish for their children to be literally born into their culture, guided by the hands of a midwife, can often face legal and linguistic obstacles—a problem that transcends national borders.

In Mexico and Peru, women who receive health services have been threatened with loss of access to social assistance programs if births are attended by traditional Indigenous midwives rather than doctors. Indigenous midwives are also prohibited by law from filling out birth certificates.

Many young Indigenous women in these countries do not speak Spanish, which can create a cultural barrier with medical practitioners that is never felt more intensely than during pregnancy and birth.

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**ANGLICAN
VOICES** ▶


Normalizing how we think about healthy diets can obscure truths about our bodies and spirits, argues the Rev. Martha Tatarnic

PHOTO: CONTRIBUTED



Can eating doughnuts be healthy?

PHOTO: MASTER1305/SHUTTERSTOCK

By Martha Tatarnic

BECHWOOD DOUGHNUTS has become one of St. Catharines' most popular and best-known small businesses. I don't normally eat doughnuts, but knowing I will have the opportunity to enjoy a Beechwood can fill me with a sense of expectation for days. Amazingly, these doughnuts are vegan. I was waxing enthusiastic about this fact recently to a group of out-of-town colleagues.

"Just because they're vegan doesn't mean they're healthy," one of my companions noted.

"It depends what you mean by healthy," I responded.

I knew what was meant by "healthy," of course. When we talk about a person being healthy, usually we refer to that person's individual measurements—things like blood pressure, sugar levels, heart condition and inevitably their weight—falling within what is considered to be a normal range. The food that a person eats is understood to be a key component in how health is attained or maintained. Food, like health, gets reduced to a set of measurements: calorie, fat, carbohydrate, protein and vitamin content. Depending on how we currently think those numbers should relate to the individual body (for example: "Is this a good fat or bad fat?"), we assess the food choice as either healthy or unhealthy.

The problem with this very normalized way of thinking is that it omits a fundamental truth about our bodies and the food we put into them. The individual body does not actually exist as separate from the world around us. This truth is affirmed every time I eat. Whenever I eat, I am taking the world around me into my own body so that I may live. To imagine that my health can be considered

On this mountain the Lord of hosts will make for all peoples a feast of rich food, a feast of well-aged wines, of rich food filled with marrow, of well-aged wines strained clear.
(Isaiah 25:6)



PHOTO: HAMPETI/SHUTTERSTOCK

as an isolated question, separate from the relationship that biologically exists between me and the air, earth, water and creatures around me is a lie. I suspect it is the lie that makes our collective relationship with food so dysfunctional, that sets most diets up for failure, and that causes so many people to feel relentless guilt and anxiety about the food that they eat. I am taught to eat as if my food choices are just about me. And they're not.

This lie is also intimately connected to the environmental crisis to which we are finally waking up, caused by the notion that human prosperity could be sought, human desire can be satiated, without attention to the environmental relationships in which that prosperity and desire inextricably exist.

From the pages of Scripture, we receive an ancient wisdom that speaks to a long-standing dysfunction in how human beings eat. We learn that food is rarely shared equitably, that access to food is power and that such power can be manipulated, that rules around who is "clean" dictate who can eat together and who must eat alone. God comes to the people as manna, as bread, as living water, as the sacrificial lamb, offering another vision for how people are to eat and who people are to be. Isaiah 25 describes the fullness of human relationship with God as a mountaintop picnic of delicious food and drink. This picnic fills human bellies, and it also welcomes all of those previously left out. It lifts the shroud of death from human hearts, thereby healing us of our fear and grief. The sharing of that banquet mends our relationship with one another and reveals the closeness and love of the living God.

I come back to that question of whether Beechwood's doughnuts are healthy. It is an undeniable fact that they have a lot

of calories—but they are also very rich, and so they can only be enjoyed in small amounts. I don't know what kind of oil is used to fry them and whether that oil is currently considered to be "good" or "bad" fat. Because they are vegan, though, every ingredient in those doughnuts is carefully selected with a sense of care and concern for our fellow creatures on this planet, which leads me to claim that the oil is, in a profound way, "good." The doughnuts are made by a local business that has been so successful that there is often a line out the door to get these fresh and delicious treats—which also means that there is a hive of employees working good jobs around the clock. The bulletin board inside is hung with community notices around justice and artistic initiatives. All along the downtown, happy people can be seen carrying their black and white Beechwood boxes, likely because each of those boxes represents a special occasion that will be enjoyed later that day. There is no rule against eating these doughnuts alone, but I've never heard of this happening. It is a treat almost exclusively enjoyed with others.

Isaiah 25 doesn't mention the presence of doughnuts on that mountaintop picnic, but that may have been an oversight. When food becomes a means by which our care for the world around us and our relationship with one another are strengthened, then it is also a means by which we become more aware of the presence and purpose of the living God.

And to answer the question with which we started, that most definitely makes these doughnuts healthy. ■

Martha Tatarnic is rector of St. George's Anglican Church in St. Catharines, Ont. Her new book The Living Diet is available through Amazon and Church Publishing.

Mitigating burnout

‘We’re just really starting to talk about the realities of spiritual health’: U of T doctoral student researches links between clergy burnout, prayer

Tali Folkins
STAFF WRITER

In 2017, Archbishop of Canterbury Justin Welby told the Church of England’s General Synod that being a parish priest was the most stressful job he had ever had. “It was isolated, insatiably demanding and I was on the whole working without close colleagues—and that wears people down,” said Welby, who has also worked as an executive in the oil and gas industry in addition to serving as most senior bishop of the Church of England.

Church insiders may not have been surprised by Welby’s speech. In the U.K., Canada and other countries, church organizations have been paying increasing attention to the well-being of their pastors. To get a taste of current thinking on clergy wellness, the *Anglican Journal* spoke with the Rev. Laura Marie Piotrowicz, rector of St. John’s Anglican Church in Lunenburg, N.S.

Piotrowicz, who is currently in the midst of a doctor of ministry degree at the University of Toronto’s Trinity College, intends to focus her research upon the relation between clergy burnout and prayer.

This interview has been edited for length.

What moved you to make clergy burnout and prayer the focus of your doctoral work?

Part of my experience, having served in a number of parishes, and with a large number of clergy, is recognizing that a lot of clergy seem to be saying, “I’m so tired, I don’t have time to pray.” Or, “I’m so busy, I don’t have time to pray.” There’s something wrong with that!

Also, hearing some of the studies coming out that we are seeing an increase in mental health concerns and burnout concerns in clergy, I wondered if prayer might be a way to mitigate and manage some of that.

Do we have statistics on how common clergy burnout is?

There are limited numbers in the Anglican Church of Canada, partially because this is a really difficult topic for people to admit to. Nobody likes to admit exhaustion, or compassion fatigue, or burnout. But I think it’s part of our reality, with the way that demands on clergy have changed. For example, 20 years ago we didn’t have cellphones; nowadays, we’re all expected to be 24/7 answering emails, and cellphones are there, and text messages. Even on Facebook now, clergy are doing ministry. That’s one of the examples of the increase of demands. We’re seeing a decrease in resources, decreasing volunteers, decreasing congregation sizes. A lot of parishes that used to have curacies can no longer afford them. A decrease in



IMAGE: ADAPTED FROM BISCOTTO DESIGN/SHUTTERSTOCK



▲ **“Nobody likes to admit exhaustion, or compassion fatigue, or burnout,” says the Rev. Laura Marie Piotrowicz. “But I think it’s part of our reality.”**

PHOTO: CONTRIBUTED

personnel. And the changes have come fairly rapidly. [We’re] trying to still do the very best that we can in terms of ministry with a very changing world and changing demands, and I think burnout, emotional exhaustion, is increasing.

You mentioned this is something people are reluctant to talk about. Is there a stigma around it?

Oh, most definitely! All we need to do is consider what we do with mental health, and how we’re trying to break the stigma there. And we’re just really starting to talk about the realities of spiritual health. In our prayers we pray for people in body, mind and spirit. If somebody’s sick in body you go to a physician; if someone is sick in mind we refer them to [a] mental health [worker]; but if someone is sick in spirit, where do they go? This is part of what I’m hoping to focus on. Even a lot of us who are clergy may not have a priest ourselves, or we may not have a spiritual director. These are two things that I think are key in keeping us spiritually healthy.

Are you looking at burnout, then, as a form of spiritual crisis?

I think it is. Burnout as most often defined is repetitive stress and prolonged cynicism, depression, exhaustion. In occupational burnout, this can happen if someone feels not in control—or if they’re forced into tasks that are in conflict with their sense of self. So I think for us spiritually, it’s an occupational hazard: if we’re feeling out of sorts or in conflict with our sense of calling, and not feeling that we have any way out of that, that can lead to spiritual burnout.

So if your occupation is spirituality, then there’s hardly a distinction between mental health and spiritual health, because it’s what you do?

Yes. And burnout leads to a decreased attunement with the people that you’re in connection with. And if you have a decreased attunement, that leads to a decreased attachment to folks. With a decrease in empathy, it’s really much harder to be able to look after your flock—but also to look after yourself.

How will you explore the relationship between burnout and prayer?

My focus is going to be on clergy who are in parish ministry and who have been in that ministry for about 10 years or less—folks who are still early in their ministry—finding out what role prayer plays in their daily life, how they feel after spending time intentionally in prayer, not necessarily the quantity of prayer so much as the quality of

prayer. Do they find that prayer is sustaining them through their own personal dry spells?

What could happen if you’re burned out but you ignore it?

Like so many people do? I think the basic realities of burnout for any profession are the disconnect—a feeling of hopelessness and helplessness. It can lead to anxiety and eating challenges, insomnia. It has a physical impact when our body and mind are not functioning the way that would be ideal, how God has created us. When we’re trying to care for someone else and we’re not modeling a good model of self-care, that becomes problematic as well. So it can damage us, it can damage our families, it can damage those of us that we are sharing in ministry with, and it can have a negative impact on those that we’re ministering to.

How does someone in ministry tell if he or she is burned out?

There’s a difference between tiredness and compassion fatigue, and burnout. You don’t burn out overnight. It’s a prolonged process, where you go from being tired into fatigue and emotional or moral exhaustion and then into burnout. I think some of the signs would be feeling disconnected from God and from one another, that sense of hopelessness.

Part of our challenge is, our society seems to have conflated a notion of self-care and self-maintenance.

What do you mean by that?

A lot of people say, “I’m going to go to the gym because it’s self-care,” which is wonderful, but that’s self-maintenance. It’s part of that regular looking after ourselves that should happen anyway. Self-maintenance is a big part of self-care but [self-care is] doing things like—especially for those of us who are in caregiving professions—making sure that we’re being cared for, so maybe attending a worship service where we’re not in leadership of it, doing a spiritual retreat, engaging in a spiritual practice like doing a labyrinth or some other type of activity that is going to nourish us, where we don’t have to be “on.”

Do you think mental health and spiritual health overlap in some ways?

I think that’s fair. There are definite interconnections there. Part of my delight in the research that I’m doing, the conversations that I’ve been having, is recognizing that this is being addressed at seminary—both the importance of prayer life but also the recognition of burnout. So it’s good to [have this recognition] that it’s not just me with a wild and crazy idea! ■



Matthew Townsend
SUPERVISOR, EDITORIAL

DURING MY YOUTH in Florida, I used a cynical but common nickname for the place: God's waiting room. So many people from around the world retire to the U.S. state, Canadians among them, that it's difficult not to pick up an understanding of gerontology by osmosis. Aging, sickness and death—while a part of life everywhere—are year-round residents of the Sunshine State. A favourite joke from when I was 20 or so: "All my friends are dead." There was some measure of truth to it. As a young person in Florida, I had outlived friends in their 70s and 80s.

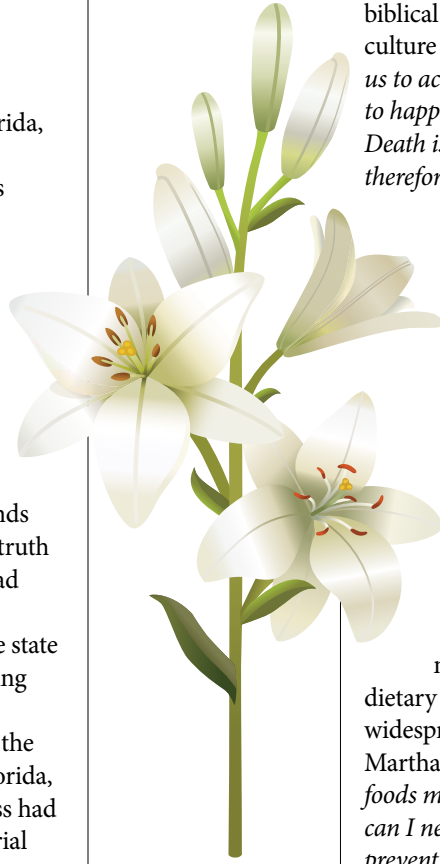
I wasn't planning a trip to my home state this September, but in the early-morning hours of Sept. 16, I found myself on a southbound flight—tickets purchased the night before. It was on this flight to Florida, where a family member's serious illness had summoned me, that I began my editorial letter for this issue. Our serendipitous theme for November: health and wellness.



Given my background, I've never felt estranged from aging, ill health or death. Yet familiarity bred more contempt within me than comfort; I have long feared the prospects of my own decline and disappearance from earthly existence. I remember a particularly fraught night, perhaps when I was five or six, when I stared into the darkness of my bedroom and realized that sooner, rather than later, my grandparents would inevitably die. That understanding spread like a fire in my mind, igniting a fear of what was to come for my grandparents, my parents and, ultimately, me. Time is but a thin partition between the present moment and the inevitable.

This fear has persisted in my life, even after my baptism and entrance into the faith. I believe many people fear the end of life, though I know not everyone shares my apprehension of oblivion. The pain and vulnerability associated with dying might encourage some people to suppress thoughts on their mortality. Still more may find the uncertainty of death—its time and cause—difficult to manage, or they may preoccupy themselves with the notion of unfinished business. No one likes the idea of leaving loved ones behind. For my partner, the prospect of lying indefinitely under flickering fluorescent lights, lacking control over unpleasant environmental aesthetics, is unpalatable.

Such phobias are rooted in perceptions of death, pain and aging that are neither



▲ **"In Christ, there is no hope without pain, no dignity without humiliation, no salvation without death. God knows what we go through."**

PHOTO: TAYKA YA/
SHUTTERSTOCK

biblical nor realistic. I believe postmodern culture posits the following: *Health allows us to achieve our life's work and goals, a key to happiness. Pain halts us in our journeys. Death is the sad end of that journey and, therefore, could be described as the absence of health: it's the thing that happens when our well-being has been permanently extinguished. It also puts our plans to pasture and disconnects us from those we love.*

What follows from these propositions, at least for me, is a sort of endless experimentation with life, a manipulation of variables that seem inside of our sphere of influence—even when outcomes are far beyond our control. One of my favourite and most faithless ways to plan my endless life has been through dietary alterations—a topic and relatively widespread obsession about which the Rev. Martha Tatarnic writes in this issue. *What foods might reduce inflammation? How can I never get cancer? What are ways to prevent or reverse heart disease? What foods fight age spots? Is it gluten-free? Is it vegan? Is it paleo? Is it free-range? Is it low-fat? Is it keto? Can I eat this while fasting? Is it genetically modified? Are there chemicals? Are they bad for me?* Or, as the elders in the 1985 movie *Cocoon* wonder, *How can I never get sick, never get old and never die?* The questions are as anxious as they are endless.

If this all sounds neurotic, it is—but I'm hardly alone in my neurosis, which isn't limited to food. Of course, these concerns aren't without basis. I want to feel good, and I want to live long. There's nothing wrong with that—just as there's nothing wrong with fighting for life under desperate circumstances. I know people who have overcome tremendous odds on death's doorstep. New treatments come along, misdiagnoses are corrected or spontaneous remission occurs. Miracles happen.

But I have also seen friends and family make choices that confound the mind and cleave the spirit, all in the hope of avoiding pain or death. Especially difficult to watch have been those who choose to prolong their lives in the face of undeniably terminal illness, sometimes bringing upon themselves a suffering akin to torture. The most painful example from my memory was someone who sought radical, punishing treatments for end-stage, untreatable cancer—a mature person of faith whose suffering was lived out publicly. My heart breaks every time I think about it.

On the other side of the street, expanding access to medically assisted dying—especially to those who live with unmanageable disabilities or who face a

long, slow decline to death—also stirs my emotions. That both responses to suffering coexist baffles me. How can some so reject death that they embrace needless and futile suffering, while others so reject suffering that they embrace death?

Scripture reminds us that our bodies and beings are merely on lease from God—and that lease comes with an expiration date and lots of fine print. As soon as Christians forget this—when we view health as a means to an end, something to manipulate in order to avoid death or pain—I think we risk handing victory back to death. Christian hope begins at the suffering, death and resurrection of the Son of God for our sake, and it lives in his promise of an eternal life not beholden to human invention and intervention. In Christ, there is no hope without pain, no dignity without humiliation, no salvation without death. God knows what we go through.

Christians, including Anglicans, are poised to own and operate this way of life—offering an alternative to society's dogmatic, limited views on pain and death. As I look to Christ, I feel called to a life founded upon two disciplines that pull me away from my self-centred fears and towards true health. The first task is to go and sin no more. The second is to offer the least of God's people the most I can, to love my neighbor as I love God and myself. I believe Christian life, Christian health and Christian death rest in these two places. When I live there, I can make reasonably informed choices about my health through the lenses of redemption and loving service.

Of course, I struggle with this. I often fail. But this I am learning, day by day: that incomplete adherence to these commandments turns me away from anything that resembles well-being. When stuck in sin and serving others, I offer them a way of life that I am not following. When freeing myself of sin and ignoring others, I obsess over my circumstances at the expense of those around me. In either case, my fear returns and I forget Jesus. A lust for control re-enters my heart, crowding out love of the Spirit. Then I forget God's most precious promise, one that stretches beyond death: that whoever believes in God shall not perish, but have eternal life (John 3:16).

In this promise I believe we find a true form of health in which body, mind and spirit are free to flourish in the wink of this life and in the long life to come. At least, that's my hope. ■

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SINGING WITH JOY ▶



What it means to be whole

By Linda Nicholls

SOME YEARS AGO a group in the diocese of Toronto sought to develop a healing centre similar to that of Burrswood in England. I was on the board of that effort, and one of our first tasks was to define what it means to be whole—to be healed.

This is actually more difficult than it seems. Are we ever fully healed and well? There always seems to be some aspect of our life that is in pain, distressed or unbalanced! How do we define health?

We turned to the World Health Organization for their definition: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This seemed to recognize that at any moment we were seeking the greatest possible balance of life, but it was missing what for us was critical and essential—the spiritual aspect. Our lives are more than our physical bodies, our mental balance or our social relationships. Existence is about meaning and purpose, which are the elements of our spiritual lives. So our definition added that, in recognition that the heart of our wholeness is in our relationship to the meaning of life—the



▲ “Our health is not in body or mind alone. It is in that optimal harmony that is rooted in our relationship with God that knows that nothing can separate us from God’s love in Jesus Christ.”

IMAGE: ANASTAZZO/SHUTTERSTOCK

deepest values of the heart and soul, our spiritual compass.

For Christians that spiritual wholeness is found in our relationship with God through Jesus Christ. We recognize our life is part of the gift of creation for the purpose of loving God and each other as Christ loves us. Any break in that relationship—sin—has an effect on our whole lives. The harmony of our life is disrupted and we are not well. We all have experienced how guilt or hurts given to others disrupt our lives with emotional and mental pain and destroyed social relationships. Our health is restored as much through forgiveness and grace as it is through medicines and therapy.

That is why our wholeness is found in a partnership between the wisdom and gifts of medicine and the gifts of pastoral care and the sacraments. The former restores the harmony of body and mind, while the latter restores the harmony of relationship with God and one another—our deepest values and beliefs about who and why we are.

This partnership is particularly demonstrated in the work of chaplains in hospitals and nursing homes. At times of crisis, through illness and suffering, chaplains pay attention to the spiritual

heart and guide reflection on that key relationship with God and God’s love. It was my joy to share this partnership in parish ministry with a team of clergy and a parish nurse. The parish nurse was a key link between the physical, mental, social and spiritual aspects of the lives of parishioners, knowing how to connect with the medical systems and linking needs for sacramental or spiritual care with the clergy and pastoral caregivers. Chaplains and parish nurses are essential partners with the other healing professions. I urge your support and advocacy for both in our communities.

In my ministry I have met people whose body will be healed but their spirit is bitter and angry, their relationships fractured. I have also met people who are terminally ill but whose deep relationship with God is joyful and gives life to all around them.

Our health is not in body or mind alone. It is in that optimal harmony that is rooted in our relationship with God that knows that nothing can separate us from God’s love in Jesus Christ. ■

Archbishop Linda Nicholls is the primate of the Anglican Church of Canada.

WALKING TOGETHER ▶



Resisting racism’s evil, infectious spread

By Mark MacDonald

PEOPLE OF THE dominant culture sure don’t like hearing anything that hints they might be even a little racist. Folks quickly protest, “I am not a racist.” Others angrily ask, “Are you saying that I am a racist?!” This appears to be based on a misunderstanding of what racism is: a systemic problem more dangerous than any individual’s bad attitudes or prejudice. Part of the real danger of racism is the way it hides out in commonly held assumptions and polite agreement across a whole culture. It infects and deforms all of us.

Many people think of racism only as a gross display of objectionable prejudice by a person or persons against another person or people of a different race. Although this is certainly bad, it is not the real danger of racism. As a

“As a systemic problem, racism lurks in quiet assumptions held by many people. Racism usually abhors loud displays of prejudice. They threaten its power by raising people’s concern.”

systemic problem, racism lurks in quiet assumptions held by many people. Racism usually abhors loud displays of prejudice. They threaten its power by raising people’s concern.

Take, for instance, the widely held assumption that Indigenous peoples are primitive. This idea, based in ethnocentric and culturally biased notions of proper and desirable behaviours, has spread among Western peoples and across their cultures. Place this idea across a culture—in governance and in church practice and teaching—and you have, without much fanfare, laid the foundation of mayhem, destruction and death. In such a simple idea, racism hides by looking like wisdom or compassion. This is what systemic racism is like—ideas that are quietly held by large groups of people, including the people who are the objects and victims

of the bias. Over time, racism hides and abides in the various structures of our common life and culture.

The Scriptures describe systemic evils like racism as principalities and powers. St. Paul asks us to put on the whole armour of God to struggle with these things that we know and encounter today in institutions, ideologies and images. Confronting racism is a basic and fundamental aspect of our discipleship—to do good and to resist evil.

The question is not, “Am I a racist?” Sadly, we all have traces of that thinking in our minds and hearts. The question is, “Will you persevere in resisting evil, and, whenever you fall into sin, repent and return to the Lord?” ■

Archbishop Mark MacDonald is national Indigenous archbishop of the Anglican Church of Canada.

LETTERS ▶

Only God knows the whole truth on matters of marriage

The vote has been cast at General Synod on the marriage issue. The result has caused much pain to many people.

Most of us have hidden agendas when we marry. This is true both of heterosexual and homosexual people, so who amongst us is to cast the first stone? None of us fully exemplifies the love of God in truth. We are all forgiven sinners, disciples on a way. To use the language of Jesus, the “log” in our own eye is enough to deal with.

Let us go ahead and let both kinds of couples marry. Only God knows the whole truth. Or, as has been suggested, let the church get out of the marrying business.

To cite what Lyds Keesmaat-Walsh said during General Synod, quoting their father, “Remember, the kingdom of God and the Anglican church are not the same thing.”

John Serjeantson
Cowansville, Que.



The Rev. Reginald Stackhouse

PHOTO: GENERAL SYNOD ARCHIVES

Forgetting Stackhouse?

I’m surprised the Rev. Reginald Stackhouse (1925-2016, a parliamentarian, priest and *Canadian Churchman* columnist) did not make the list in “REV MP” (October 2019, p.14). After all, he was an important part of your publication in an earlier form. How soon we forget!

Ross McLean
Diocese of Algoma

‘Failure’ headline problematic

The headline “Marriage vote failure ripples through church” (September 2019, p. 1) may appear to some to betray a lack of objectivity in reporting and arguably incites what is already an incendiary situation.

It is far from neutral language to characterize the vote at General Synod as a “failure.” Such language is unfair to

both sides of this divisive issue as it gives the appearance of bias. The *Anglican Journal* should at least appear to report for all Anglicans, regardless of its writer’s personal views. How this passed editorial consideration is confounding at best.

Timothy Byron
Fort McMurray, Alberta

On speculation of motives

Speculating or alleging motive on the part of an opponent in discussion or debate has never been accepted as good practice. The way of Christ requires introspection.

I wonder if the Rev. Michelle Ferguson, in the letter “Bishops heeded God’s will” (September 2019, p. 5), has carefully and prayerfully considered who in fact are “those...determined to have their own way.”

F. David Rounthwaite
Toronto, Ont.

The Anglican Journal welcomes letters to the editor.

Since not all letters can be published, preference is given to short correspondence (300 words or less). All letters are subject to editing.



PHOTO: SCREENCAPTURE FROM PWRDF VIDEO

Many Indigenous communities have traditionally seen birth as a communal experience in which women are supported by the presence of family.

Midwives bridge birth and culture

Continued from p. 1

“Imagine yourself in one of the most vulnerable times of your life, when you are about to deliver, in a room with strangers,” says Zaida Bastos, director of the Development Partnership Program at the Primate’s World Relief and Development Fund (PWRDF). “You don’t speak the same language.... It can really make the experience of birthing the most traumatic experience.”

Similar trauma is often experienced by Indigenous women in Canada. Cheryllée Bourgeois, a midwife of Cree-Métis background and assistant professor in midwifery education at Ryerson University, points to the federal government’s evacuation policy, in which pregnant Indigenous women are required by law to travel to cities they may have never visited in order to deliver.

“Sometimes they’re coming into cities where they don’t speak the language at all,” Bourgeois says. “They’re meant to live by themselves, maybe sometimes in a hotel, maybe sometimes in a group home, just waiting to give birth to their babies so then they can fly home. Sometimes they’re also leaving children at home while that’s happening.”

For these women, the presence of Indigenous midwives, who offer culturally appropriate guidance through pregnancy and birth by drawing on traditional knowledge, can make all the difference.

Earlier this year, Indigenous midwives from Canada, Mexico and Peru came together for two gatherings as part of a



▲ **“As an Indigenous midwife working in a system where your knowledge and your approach is not always valued or is questioned quite a bit, it’s really helpful to be able to see examples of other Indigenous midwives in other places that are really supported by the community,” says Cheryllée Bourgeois.**

PHOTO: COURTESY OF PWRDF

three-year pilot project, through which PWRDF is providing more than \$100,000 to facilitate the exchange of knowledge by midwives in all three countries.

Almost 100 midwives travelled to Peru for the first gathering in April, which took place in Lima and Ayacucho. A second meeting occurred in August in Mexico, with midwives meeting in Oaxaca, Juchitán, Salina Cruz and San Mateo del Mar. At the time this article was being written, a third gathering was planned for October in Toronto.

Midwives who attended the events belonged to three PWRDF partners representing Indigenous midwives in each country: Ryerson University’s Aboriginal Initiatives (Canada); the Indigenous women’s organization Kinal Antzetik (Mexico), and the Centre for Indigenous Cultures of Peru, or CHIRAPAQ.

Representatives of the three organizations had previously met at international gatherings of midwives, including in Guatemala in 2015; in Toronto during the International Confederation of Midwives Congress in 2017; and in New York during the annual sessions of the United Nations Permanent Forum on Indigenous Issues in 2017 and 2018. But many perceived a need for a different kind of setting, PWRDF Canadian Indigenous Communities and Latin America-Caribbean Development Program coordinator Jose Zarate recalls.

“There were already those [previous] encounters,” says Zarate. “But then they said, ‘It’s time for us to meet [in] our homes, so you can meet our people and

[learn our] culture or traditions.”

As early as 2014, PWRDF had begun researching institutions that could serve as potential partners for a program focused on Indigenous maternal health. The strong track records of Ryerson’s Aboriginal Initiatives, Kinal Antzetik and CHIRAPAQ led to their selection as partners for PWRDF’s Indigenous Maternal Health and Midwifery Practices pilot project.

“We made the decision, ‘OK, this is a valuable project for us to support, to stand behind, and it falls in line with PWRDF priorities of supporting Indigenous people in their journey of recovery and protection of their cultures,’” Bastos says.

The main goal of the Indigenous midwifery project is to facilitate dialogue and communication between the three organizations and help them learn from each other, provide a broader context for their own work as midwives and envision new ways forward.

At the gatherings in Peru and Mexico, midwives participated in a range of activities with the help of translators. Workshops gave midwives the opportunity to share their own experiences and exchange methods for improving maternal and infant health. Examples included women going through various clinical scenarios and discussing how to manage them, or talking about the preparation of different plants used in childbirth.

In other cases, midwives exchanged hands-on learning tools, such as rings made out of traditionally available materials, to help teach the concept of cervical dilation.

Bourgeois, who attended both events, describes the meetings as a “great experience” that gave midwives an opportunity to share resources and support each other in their work.

“It’s been really quite amazing to connect with Indigenous midwives from both Mexico and Peru,” Bourgeois says. “It’s very interesting that the challenges are actually very much the same.

“They will manifest in different ways, and the long-term effects can be quite different. But the actual issues themselves are really the same, which



PHOTO: COURTESY OF PWRDF

Indigenous midwives gather in Mexico to exchange information and share best practices.



PHOTO: COURTESY OF PWRDF

A midwife, or *partera*, examines a patient in rural Mexico.



are criminalization [of midwives], the lack of ability to actually register births, education, and having Indigenous knowledge and Indigenous education recognized by local authorities.”

Along with legal obstacles that deter the presence of Indigenous midwives, cultural differences can increase trauma felt by Indigenous women during pregnancy and while giving birth.

Many Indigenous communities have traditionally seen birth as a communal experience in which women are supported by the presence of their families. By contrast, many women are now compelled to leave their communities and give birth in large hospitals where they may face discrimination.

“There is a tendency of making the birth a medical issue.... Even in Western society, there was a time when birthing was bringing the family all together, being there for the joyful moment,” Bastos says. “By medicalizing it, taking the woman away from their community, they are re-traumatizing someone that has already been taken away from their own culture, their own traditions.”

At the Mexico gathering, attendees heard a story from a Peruvian midwife about a young Indigenous mother-to-be from a rural area, who was taken to a hospital by a professional midwife or *partera*. The hospital refused to accept the woman, who was going through labour at the time, because she was “dirty” and not wearing any shoes—telling her to clean herself before they would provide any treatment.

▲ **Midwives of Kinal Antzetik, an Indigenous women’s organization in Mexico.**

PHOTO: COURTESY OF PWRDF

Bastos views such discrimination as a remnant of colonial behaviour, which affects Indigenous people throughout the Americas, and as a human rights issue. “What our partners are trying to say to the medical institutions is, ‘Make your services receptive and culturally sensitive to the women that are not from your own background,’” she says.

A United Nations fact sheet on Indigenous Women’s Maternal Health and Maternal Mortality, published during the 2018 permanent forum on Indigenous issues, indicates that Indigenous women and girls experience significantly worse outcomes in maternal health than majority populations, including higher rates of death during pregnancy and childbirth.

The National Collaborating Centre for Indigenous Health, a publicly funded organization established by the Government of Canada, noted in a 2014 report on Indigenous maternal health in B.C. that “having women leave their communities to give birth has been linked to increased perinatal morbidity and mortality as well as increased anxiety, stress, and preterm delivery.”

Pointing to such research, Bourgeois says that Indigenous midwives who provide “culturally safe care in pregnancy” are not just “a nice thing to have. Providing culturally safe care to an Indigenous person actually improves health outcomes.”

The value of Indigenous midwives’ traditional knowledge has been increasingly recognized by “mainstream” Western medicine. One growing trend in the United States and Canada: classes and workshops teaching techniques involving the *rebozo*, a long piece of cloth worn in Mexico, to help babies pass through the birth canal and prevent unnecessary C-sections.

Bourgeois, however, sounds the alarm at those who profit from traditional practices without crediting Indigenous midwives, which she describes as a form of appropriation. She describes such individuals as “commodifying Indigenous knowledge” while “the people where the skills originate don’t actually receive any sort of benefit from it.”

Bastos concurs. “There is kind of a gradual stealing of this best practice from Indigenous midwifery without acknowledging,” she says. “It’s time that the world knows that this is a contribution of Indigenous people, that Indigenous midwifery is not just part of the birth itself—it’s a process that brings a community together.”

Based on her experiences in Mexico and Peru, Bourgeois plans to incorporate some of the knowledge gained into her teaching at Ryerson.

She also hopes for a curriculum exchange to help midwives in all three countries share notes and improve how new midwives are taught, and to improve advocacy for midwives at the national and international levels.

“I think that one of the most important pieces of this [program] is that it’s Indigenous midwives working with other Indigenous midwives,” Bourgeois says. “I think that that’s actually a real strength of the program, and something to be really proud of.”

She adds, “As an Indigenous midwife working in a system where your knowledge and your approach is not always valued or is questioned quite a bit, it’s really helpful to be able to see examples of other Indigenous midwives in other places that are really supported by the community.”

For PWRDF, which typically funds projects in three-year cycles, a final report is expected in 2020 that will evaluate outcomes and lessons learned from the Indigenous midwifery program and determine whether the project will continue.

In facilitating knowledge sharing between Indigenous midwives at Ryerson, Kinal Antzetik and CHIRAPAQ, Bastos sees PWRDF’s role as part of a larger effort towards the recognition of traditional Indigenous knowledge in maternal health.

“PWRDF really looks at support of these three organizations and the work that they are doing as the right of Indigenous peoples to retain their best practices and be acknowledged—not as folkloric, but as part of humanity’s contributions towards the universal culture of birth.” ■

DEATH AND DYING ▸

Medically assisted death has become an important topic for Anglican priests and chaplains to consider since its legalization in 2016. The Anglican Church of Canada released a report, *In Sure and Certain Hope*, to help those offering pastoral care in health-care settings grapple with the issue. In September, a Quebec court struck down a restriction that limited assisted dying to terminally ill patients. Additional reporting on this change can be found at anglicanjournal.com.

Spiritual accompaniment

Chaplains navigate medical assistance in dying

Joelle Kidd
STAFF WRITER

THE SUPREME COURT of Canada ruled in 2015 that parts of the country's Criminal Code that prohibited medically assisted deaths were in violation of the Charter of Rights and Freedoms. Since June 2016, medical assistance in dying (MAiD) has been legal in Canada for adults over the age of 18 with a "grievous and irremediable medical condition." The government of Canada reported in April 2019 that at least 6,749 Canadians had accessed MAiD since the legislation was enacted, with MAiD deaths accounting for around 1% of deaths in Canada during each of the government's reporting timeframes.

Like doctors, nurses and other frontline health-care workers, hospital chaplains and spiritual care providers see the system up close—with all its flaws, oversights and messy details as well as its beauty and hope. Chaplains may be there from the first time a patient considers MAiD to when the family has been led from the room after the procedure.

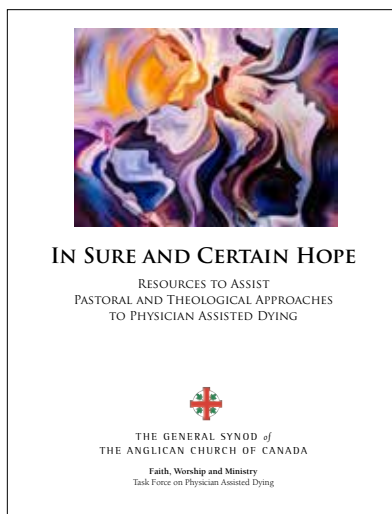
As MAiD becomes an ever more available option, for many spiritual care practitioners it has become an important and sometimes difficult aspect of ministry.

'Spiritual distress'

Anglican spiritual care providers are far from of one mind on the ethics and parameters of MAiD.

Philip Murray, a spiritual health practitioner who now works in long-term care at Providence Health Care—a Roman Catholic-run health organization that operates hospitals, clinics and residential care homes—was working with one of Canada's largest health-care authorities when the MAiD legislation came into effect. Murray was brought in to support what he says was a system in distress. He suddenly had new roles to play, supporting patients and families who were going through the MAiD process as well as the medical team that was coping with the change.

Many of the chaplains the *Journal* spoke to for this story noted that MAiD legislation has not had



FILE PHOTO

General Synod has provided resources related to MAiD

unilateral support from health-care practitioners, as physicians try to balance their oath to "do no harm" with the act of causing a death.

The transition was a "learning experience" for Murray. "Spiritual care, where we focus on supporting people through their emotions, finding meaning in the midst of hopelessness and struggle, it was a natural place for us to be—but a very difficult dynamic for me to be [in], because there was a lot of uncertainty and upheaval."

He was asked to be present for most of the MAiD procedures that took place at the health authority over his time there. "I've been in the room with people. I've facilitated ceremony and ritual with families which incorporated the death, I've journeyed with families as they said their final goodbyes and left the room," he says.

When asked how this has affected him, he says it has been for the positive and the negative.

"I'm grateful for the opportunity to be present and bear witness to the love that was present," he says. Being there taught him that God is with us in everything, he says. "God shows up. Inevitably."

At the same time, he says, he feels deeply sad.

"I think I'm a little traumatized by the experiences, primarily because of my conviction that the suffering that people are experiencing, for

the most part, is spiritual in nature." While there are times when patients experience physical pain that is just too great to bear, Murray says, his experiences with MAiD caused him to see the suffering that leads most people to end their life as "spiritual and existential."

People "lose that sense of meaning and purpose" when faced with a future dependent on others for even the most basic functions of life, Murray says. "Being dependent, being a burden, having no hope of cure, but maybe a slow lingering death," were at the heart of much of the suffering he saw.

What spoke most clearly of this to Murray were the patients whose distress lifted after they received the date for their MAiD procedure; the certainty of their death had alleviated the core of their suffering. To Murray, it seemed spiritual care could offer other ways of relieving that suffering.

There is a benefit, he says, to "working out that sense of *I am a burden on my family and society to I am worth being cared for by my family and society, and I am loved*. Making that shift at the core of people's being is profound, it's huge, and it doesn't end up being able to happen as a result of MAiD."

What Murray found most traumatic and demoralizing was "the system's unwillingness" to recognize the spiritual elements of suffering or to offer spiritual care as a treatment.

Murray says that ideally, he would like to see the health-care system recognize "that when people are in pain and suffering and losing hope, that is a spiritual issue," one that he says often surfaces long before MAiD becomes a viable option. "My hope and prayer for the health-care system is that they would recognize the spiritual nature of the suffering that people are experiencing and have the ability, the resources to offer spiritual care, because spiritual care does work."

'We want to be known not so much by what we are against, but what we are in favour of'

As MAiD became legal, the Rev. Paul Peters Derry—a Certified

Supervisor-Educator with the Canadian Association for Spiritual Care who attends saint benedict's table in the diocese of Rupert's Land—was coordinator of spiritual care at Fred Douglas Lodge, a United Church-owned personal care home in Winnipeg.

The home housed 136 residents and employed several hundred staff, and it also ran through its parent corporation, the Fred Douglas Society, a supportive housing community with just under 30 residents. As a religious health-care provider, the Fred Douglas Society's board felt a responsibility to craft a policy on MAiD. Peters Derry was asked to be part of creating the policy.

At the time, he was recovering from his own near-death experience: while undergoing surgery for acute appendicitis, his appendix had burst. End-of-life issues were "not just an academic question for me," he says.

Because MAiD legislation had not yet been passed, the board decided to write a statement of values that would guide procedure around MAiD requests at Fred Douglas.

"What I said... was, we need to articulate in a positive sense what we are in favour of, what are the values that we want to see honoured and respected," Peters Derry recalls. "We... [wanted] to model, in a positive way, what it means to be a faith-based health-care facility. We [wanted] to be known not so much by what we are against, but what we are in favour of."

Under the law, religious-run health-care institutions and practitioners are able to conscientiously object to MAiD. Long-term care patients may be transferred to whichever personal care home has a bed available. If that facility refuses to do MAiD procedures, this could limit access for patients through no choice of their own.

"There's lots of talk of conscientious objection. What is conscientious support, or conscientious advocacy?" Peters Derry asks. The statement of values he helped write aimed to tell Fred Douglas Lodge patients, "We will walk with you every step along the



“The most sacred thing I can do with a patient is to accompany them non-judgmentally; to work from a ministry of presence, to understand that I will not abandon them regardless of the choices that they have to make..., and I will be with them for as long as they want me to be there.”

—Tracey Stagg,
Alberta Health
Services

health-care journey, even if you make a choice that we would rather you didn't make.”

The statement of values affirmed the right of its residents to request MAiD as well as the right of individual staff persons not to participate in procedures. Among the stated values are affirmations of “an overall philosophy of care that engages quality of life, dignity and respect in the dying process” and a desire to “balance end-of-life care that neither prolongs the dying process nor hastens death with a resident's right to access Medical Assistance in Dying.” Regardless of the patient's choice, the statement of values says, residents and their families “will not be abandoned at any point in the dying process.”

So what does spiritual accompaniment look like in the context of MAiD?

Peters Derry says that when it comes to MAiD, he sees the role of a chaplain or spiritual care practitioner as helping people figure out if they want MAiD and, if they are approved for MAiD, what kinds of conversations they need to have with their loved ones. “Our role as spiritual health practitioners, our role as chaplains, is not to bring our own biases into those conversations—not to bring judgment or the wrath of God into those conversations.”

‘We’re just there to walk with them’

“My role...is to walk with the people,” says Tracey Stagg. A spiritual health practitioner with Alberta Health Services, Stagg works at a 650-bed acute care hospital in Calgary.

In her work, Stagg has come in contact with MAiD from several different perspectives: she's offered support to patients in the contemplative stage of deciding whether they want to apply for MAiD or prior to MAiD procedures; she's helped families talk through their feelings about their loved one's decisions; and she's provided support for staff involved in the procedures and facilitated emotional debriefs afterwards.

Patients sometimes “need a safe person who they can trust and will know to sit with them [and] be able to just talk through this stuff,” she says.

“The most sacred thing I can do with a patient is to accompany them non-judgmentally; to work from a ministry of presence, to understand that I will not abandon them regardless of the choices that they have to make..., and I will be with them for as long as they want me to be there,” says Stagg. This is true for all of her patients, she adds. “Whether they've chosen a palliative route, to die more naturally, or for those who have chosen [MAiD], it is still a death that they have been involved in.”

While MAiD is legal across the country, different provinces have different ways of implementing the procedure. In Alberta Health Services, Stagg says, spiritual care is integrated into the process of requesting MAiD, offered as part of the contemplative stage. Spiritual care and religious care are also offered closer to the procedure, as many patients request certain religious rites or want to talk things over with a spiritual care practitioner.

“Our physicians identify physical suffering; our psychiatrists identify mental suffering. [Chaplains] identify spiritual suffering,” says Stagg. “So, part of my work with patients is where...maybe there is some spiritual suffering which they can alleviate or reconcile or understand. Sometimes minds are changed. Sometimes they're not.”

The Rev. Carolyn Herold works part-time in a Calgary parish and casually as a spiritual care provider with Alberta Health Services, in a position that covers three different hospitals in the area. Typically, she says, her involvement with assisted dying cases is limited to talking with patients contemplating MAiD.

Due to some staffing circumstances that kept her in the same hospital for an extended period, Herold did provide spiritual care last year to a patient who requested and was denied MAiD. (Herold has received permission from the patient's husband to tell the story.)

The patient, Deanna Toussaint,

was suffering from severe cancer, and reacted poorly to every treatment the doctors tried. “Basically, throughout the treatment process, her life was miserable,” says Herold. “She was remarkable and well-loved by the nurses, because despite it all, she was just really kind to everybody.... She was amazing, despite the fact that she was going through an incredibly painful, horrible time.”

Eventually after “a long battle” with numerous treatments and terrible side effects, “she decided she didn't want to do this anymore,” says Herold.

In an email to the *Anglican Journal*, Jean Guy Toussaint described his wife of 14 years as a person who was “vibrant, engaged, fierce, honourable and loved.”

After being diagnosed with cancer in November 2017, she underwent what Toussaint calls a “long, arduous, demanding and debilitating” process of treatment. By August 2018 she had decided she wanted MAiD.

“She struggled a lot and had all sorts of questions in terms of her faith...but her faith in God never wavered,” Herold recalls. “In terms of wrestling and being angry and all those things, absolutely. But she always had her faith.”

When she finally asked for MAiD, Herold said, the patient felt an enormous amount of peace. “Her entire demeanor changed from being anxious and struggling.... [She] knew exactly where she was going, was eager to be with God, eager to be back with loved ones who had passed beforehand.”

But when she submitted her application, it was denied under the clause in legislation that requires a patient's death to be “reasonably foreseeable” for them to be able to access MAiD. Herold says doctors in the case determined that her death wasn't imminent, and that she could live for more than three months if her treatments continued.

According to Toussaint, the treatment rather than the diagnosis was causing Deanna's suffering. When, after the difficult, bureaucratic process of applying for MAiD, she was denied, Deanna began refusing food and water.

“What she ended up doing was starving herself to death...which is a horrible way to die,” says Herold. Toussaint says he felt useless, unable to help his wife die with dignity. “It was the worst feeling I have ever felt.”

Toussaint says he is still extremely angry about how his wife's case was handled. “The choice [for MAiD] needs to be the individual's and not [that of] a medical professional. They did not have the right to deny her God-given right to life or death,” he says.

Herold says it's important to have spiritual care providers in the system to help people as they struggle with these decisions, “both for the patient and the family, and [help them] wrestle with their faith...to wrestle with the morality and ethics.” She also says it is important to have spiritual care providers with the skills to understand when people want MAiD.

It can be a hard job, Herold acknowledges; you get to know people, and they die, and that will always take a toll. “We're just there to walk with them. And sometimes they're walking in pretty dark places, and pretty angry places. And if you're at all empathetic and sympathetic, that's going to take a toll.”

But hearing her patient's husband remark that the spiritual health practitioners were the only ones who understood what he and his wife had gone through, the only ones to support them—that was powerful, says Herold. “Carolyn Herold was one of the only true lights in this journey,” Toussaint told the *Journal*. “I would probably be dead if not for her and her husband.”

MAiD was one of the most-requested topics for conversation ahead of the first-ever national gathering of Anglican health-care chaplains in June 2019, the Rev. Eileen Scully, General Synod director of Faith, Worship and Ministry and one of the gathering's organizers, told the *Journal* at the time. As a result, MAiD was the subject of a panel discussion at the gathering, and will likely be a topic for the next meeting, which will take place June 22-25, 2020, at Queen of Apostles Renewal Centre in Mississauga, Ont. ■

CANADA ▶

No place to lay his head



Continued from p. 1

“To be honest, I think that even groups beyond youth could use these,” McGlynn says. “I feel like any group that is interested in this issue could take on one of these and learn something from it—or learn something about their community.”

Four downloadable resources were available on the CLAY website at the time this article was being written. An “Introduction Activity” offers questions for reflection on homelessness. The “Postcard Project” involves sending postcards to the prime minister and members of parliament imploring them to launch a new National Housing Strategy over the next 10 years.

The “Open Door Group Activity” describes work of the Open Door shelter, a drop-in centre in downtown Montreal that provides service for homeless and low-income people, and it adds related questions for biblical reflection. The “Libraries Group Activity” presents discussion questions on the importance of libraries as a place where homeless people can stay indoors, use computers and the internet, and access community services.

Several other resources were expected to be posted on the CLAY website by November. One activity, “Community Asset Mapping,” asks youth to reflect on the community around their church, where homeless people congregate and what resources might be available to them. After walking around the neighbourhood, youth draw a map showing their church in relation to the sights they recorded.

“It’s a way for a youth group or a church

▲ **The diocese of Algoma’s youth synod took inspiration from the National Youth Project and built their gathering around the theme *Jesus in the Streets*.**

IMAGE: PIMCHAWEE/
SHUTTERSTOCK

community to look at their position in the realm of homelessness, and what they can do,” McGlynn says.

A book study encourages conversation on the young adult novel *No Fixed Address* by Susin Nielsen. The book tells the story of a 12-year-old boy who lives in a van while maintaining a façade at school that he is living somewhere else.

“Nobody Dreams of Being Homeless” is an activity in which youth groups watch video clips interviewing homeless people from a range of ages and backgrounds. Groups then discuss how the individuals ended up in their current situation, their hopes and their dreams.

“The Amazing Race,” inspired by the TV series of the same name, involves youth travelling to different places in their community and carrying out tasks. Other resources in the works include activities focusing on mental health and homelessness, rural perspectives on homelessness and advocacy projects to change the reality of homelessness.

Since the launch of the NYP at CLAY 2018, Anglican youth leaders have been proactive in organizing activities to educate people on homelessness.

Last spring, Anglican and Lutheran youth leaders at their annual gathering Stronger Together went on a community walking tour around downtown Calgary similar to the asset mapping activity. On this walk they noted concentrations of homeless people as well as resources such as libraries and the local Salvation Army office.

In the diocese of Algoma, Anglicans took inspiration from the NYP for their diocesan youth synod at Camp Manitou from June 30-July 3. The youth synod was built around the theme *Jesus in the Streets* and focused on the question of homelessness, particularly as it affects young people and youth with mental health issues.

“We chose to do this and a lot of other efforts either with youth or even congregations in general in response to *Welcome ... Home*,” Jay Koyle, diocesan congregational development officer, says. “Homelessness has been on the radar of the Ecclesiastical Province of Ontario,” he adds, pointing to examples of trends that have been causing it increasing concern, such as the rise of people living on the streets of Sault Ste. Marie due to the opioid crisis.

Angie Hocking, director of outreach at the Church of the Redeemer in Toronto—where she oversees a drop-in program providing meals and services to homeless individuals and others—led five workshops on homelessness at the youth synod.

The workshops drew inspiration from and were similar to the NYP but were ultimately Hocking’s own creations. For example, one workshop, “Inspiring Action,” looked at how churches are acting as ministries of justice within their communities.

“It was super exciting and super inspiring just to realize that we are the church and that is what we’re here for,” Hocking says. “We are here especially for the marginalized, and Jesus is here especially for the marginalized.” ■

WORLD ▶

Anglicans respond to Hurricane Dorian devastation

Joelle Kidd

STAFF WRITER

When Archdeacon Keith Cartwright, archdeacon of the southern Bahamas and the Turks and Caicos Islands, visited Haiti in the wake of the 2010 earthquake, he thought he would never see anything close to that level of devastation again. But recently, surveying the damage in his own diocese in the aftermath of Hurricane Dorian, he sees that catastrophe mirrored. “Everything has been decimated,” he says.

Cartwright says the destruction resembled “if you were chewing something and then you just spit it out. That’s how it looked. It was a horrific scene.”

Classified as a Category 5 hurricane when it struck the islands of Grand Bahama and Abaco on Sept. 1, Dorian was one of the most powerful Caribbean storms on record.

“We have never experienced such a storm in the history of the commonwealth of the Bahamas. The storm went up past 185 mph [298 km/h], with gusts of 220 mph [354 km/h],” says Cartwright, whose responsibilities as archdeacon also include hurricane response.

Entire communities were destroyed by the winds and subsequent flooding, which left buildings underwater or washed away. Some 13,000 homes are reported to have been destroyed, according to the International Federation of Red Cross and Red Crescent Societies.

The town of Marsh Harbour on the island of



PHOTO: KEITH CARTWRIGHT

“We have never experienced such a storm,” says Archdeacon Keith Cartwright.

Abaco was completely decimated, Cartwright says. “Everything was destroyed, basically—we have no food store, no gas station, no bank...nothing left,” he says. St. John the Baptist Anglican Church in Marsh Harbour has “two big holes in the roof,” and was flooded with 10 feet (three metres) of water, he adds; the parish hall was flooded after its roof was ripped off.

Treasure Cay, also on Abaco, saw similar levels of devastation, Cartwright says.

Hurricane Dorian’s path swept up the Eastern Seaboard of the United States before moving northward to Canada.

The storm was classified as a Category 2 storm when it struck Atlantic Canada, making

landfall in Nova Scotia on Saturday, Sept. 7. Dorian left hundreds of thousands in Nova Scotia and thousands in P.E.I., New Brunswick and Newfoundland without power, the CBC reported.

In Dartmouth, N.S., the “City of Trees” was littered with fallen trees and branches, some that blocked roadways or knocked down electrical wires, says the Rev. Kyle Wagner, rector at Christ Church, Dartmouth. Three massive trees fell on church property, one into the parish hall and another onto the building that houses the church’s boiler and propane source.

The storm also struck the Magdalen Islands, the archipelago in the Gulf of St. Lawrence, leaving them “in shambles,” according to the CBC, which reported winds gusting at 150 km/h.

The Rev. Cynthia Patterson, incumbent in the parish of the Magdalen Islands, which includes the parishes of Holy Trinity on Grosse-Île and All Saints Memorial on Entry Island, says winds were so strong that Holy Trinity’s bolted steel doors were blown open, and one blown off its hinges. Luckily, she says, the church’s interior doors held, protecting its famous 1970s stained glass triptych that features an Atlantic Canadian vision of Jesus wearing rubber boots and calling out to disciples in hand-knit sweaters and carrying lobster traps.

On Entry Island, the storm felled another church landmark: a huge lit cross that stood in front of All Saints Memorial. The cross was erected in 1988 in memory of five people who had drowned the previous year. ■

Anglicans can help recovery efforts in the Bahamas by donating online at pwrdf.org/give-today (select ‘Emergency Response’), by mail to PWRDF, 80 Hayden Street, 3rd floor, Toronto, M4Y 3G2 or by texting ‘PWRDF’ to 45678.

VETERANS ▶



Church engagement with veterans 'primarily ad hoc': Bishop ordinary



PHOTO: RACHATA SINTHOPACHAKUL/SHUTTERSTOCK

Veterans benefit from faith-based support, says Alberta priest

Matt Gardner
STAFF WRITER

Active members of the Canadian Forces (CF) have the benefit of military chaplains, including many Anglican chaplains, to provide pastoral and spiritual care to them and their families. But what happens when those members leave the military?

Nigel Shaw, Anglican bishop ordinary to the CF, describes spiritual support for regular and reserve forces as “very strong”, with more than 200 full-time chaplains currently serving along with approximately 150 reserve chaplains. But members who leave the military—Shaw himself retired three years ago—often face a gap in spiritual care.

“The challenge for the veterans is, of course, they’re not gathered together in recognizable groupings like regular forces or reserve force soldiers are, who all belong to their units, so it’s easy to find them,” Shaw says.

“Once you retire—and I’m a classic example—you just disappear a little bit into the woodwork. You blend right back into the civilian communities, and it’s very much up to the individual to seek out resources from Veterans Affairs when they’re needed, as opposed to...the military, where we have a service set up that more actively reaches out to people.”

Anglican chaplains in the CF work under something of a dual authority. The Anglican Military Ordinariate (AMO) represents church jurisdiction over Anglican chaplains, all of whom are AMO members. The bishop ordinary leads the AMO, supervising pastoral welfare and exercising episcopal authority over chaplains. Actual day-to-day work of chaplains, however, is governed by the chaplain general, a serving military officer.

The mandate of the AMO is to minister to active troops and their families. As Shaw points out, that mandate does not include veterans—though that distinction has softened in recent years.

“There was a time when we technically weren’t even supposed to do a funeral for a veteran, because that’s not our mandate,” Shaw says. “That’s not what the Crown was

▲ **Multifaith Housing Initiative executive director Suzanne Le (third from left) speaks to military veterans at the cornerstone laying ceremony of Veterans’ House, the Andy Carswell Building, part of a project to support homeless veterans in Ottawa. The Anglican diocese of Ottawa and more than a dozen Anglican parishes are members of the MHI coordinating the project.**

PHOTO: JAMES PARK

PHOTO BELOW: ANASTASIA MALINICH/SHUTTERSTOCK



paying us for. But Veterans Affairs wasn’t paying people to do it either, so we tended to do it anyway. And that’s been recognized that yes, that’s a logical extension of our work, where possible.

“But there really is a demarcation between the work of the military chaplaincy, which is [for active-duty] military, and the work that needs to [happen] to support the veteran community, which is a different continuation of the first.”

Upon leaving the military, each member of the CF undergoes an exit interview with Veterans Affairs to set up a file. Though retiring soldiers can bring up spiritual care, the focus often tends to be on issues such as economic and physical well-being.

Since former members of the military are considered civilians, Shaw says, the traditional expectation has been that they would function “like any other Canadian citizen. They ought to be able to function using the resources of the community and not necessarily have to have special programs put in place, when spiritual and pastoral care is readily available throughout the country.”

The challenge is making sure veterans who need pastoral and spiritual care are able to connect to support services. Veterans who suffer from conditions such as post-traumatic stress disorder are not always well-equipped to seek out spiritual support.

In military terms, the bishop ordinary says, support for veterans from the Anglican Church of Canada has tended to be more at the “tactical” level of individual parishes, deaneries and chaplains following up with ex-soldiers, rather than at the “strategic level” of a coordinated policy by General Synod.

“The church’s engagement, I think, tends to be right now primarily ad hoc,” Shaw says. “I think there’s a fair bit of engagement happening at parish levels with various different initiatives.”

One example of Anglican support for veterans is the Veterans’ House project, an interfaith effort to provide support for homeless veterans in Ottawa. The project seeks to help these veterans find stable housing and receive treatment for issues related to addictions, physical health and mental health. The Anglican diocese of Ottawa is a member of the Multifaith Housing Initiative that coordinates the project, along with more than a dozen Anglican parishes.

Holy Trinity Anglican Church in Edmonton, which serves as the regimental church of the South Alberta Light Horse reserve unit, has since 2016 run a mental health ministry for reservists, who do not always have access to the same services as active-duty members living on-base. Because of Holy Trinity’s connection to the CF, many regular and reservist soldiers continue to attend services there after leaving the military. The church also provides care to family members of soldiers deployed overseas.

“I think we as a church have a responsibility to be engaged with men and women [in the military and] provide them a faith community while they’re on active duty, while they’re in the reserves and then after,” the Rev. Chris Pappas, rector, says. “They need the support that the faith community provides.”

Korean War veteran Victor Flett, an Anglican who served in the navy for 33 years, is an active member of St. Peter and St. Paul Parish in Esquimalt, B.C., where he serves as an honorary canon.

Flett, who is Cree, had to give up his Indian status in the 1950s to receive benefits from Veterans Affairs. Since his retirement, Flett’s primary methods of supporting his fellow veterans have been groups such as the Royal Canadian Legion, the Korea Veterans Association and the Aboriginal Veterans Autochtones.

“As far as the Anglican Church supporting veterans, I know that they are active supporting the padres [chaplains] of the armed forces,” Flett says. “And that is a very, very important part of the military, to have the padres serving with the military, providing spiritual help as needed.”

The departments of National Defence and Veterans Affairs have declared a goal of bridging the gap between care and support provided to active-duty soldiers and that accorded to veterans. In that context, the bishop ordinary believes it might be time to look into a more strategic approach by the Anglican Church of Canada to providing spiritual care for veterans.

“It’s...worth taking a bit of time to think it through at a high level of what resources, if any, can we afford to put into this, what ought we to put into it, what are the needs [and] is there a role for us as a church engaging with the government departments around this to advocate for support in different ways.” ■

GUEST
COLUMN ▶

Albert Dumont (South Wind), Algonquin spiritual teacher in residence at Christ Church Cathedral in Ottawa, shares thoughts on the apology for spiritual harm the church caused Indigenous peoples, issued at General Synod 2019.

PHOTOS: CONTRIBUTED

Considering an Anglican apology

By Albert Dumont (South Wind)

“OUR PURPOSE AS human beings,” I was told years ago by an old man of Cree ancestry, “is not to try to understand who or what Creator is but, rather, it is to heap daily praise on the abundance Creator placed before us, helping human beings to live well.”

The old man I speak of possessed a rich and extraordinary type of wisdom, born at a time long ago before human beings even took their first steps on Mother Earth. I can honestly say that I have not come across such a strong-willed and spirited individual very often in all my 68 years of life. His spiritual beliefs were profound and beautiful. They were strong in the way of healing. I sat with him as often as possible and heard his forlorn reflections on the wrongs people of this wasteful world are guilty of. “We all should make an effort to make the world better for our children,” are words he spoke each day of his life. “We are all guilty of wastefulness,” he told me once, “and we’ll never overcome it without spiritual assistance.” Never, in all my counsels with him, did I hear the old man mention the word “sin.”

Who defines what a sin is? By what means does Creator measure the weight of a sin? The Indigenous peoples of this land, who embrace the spiritual beliefs given to them by Creator many thousands of years ago, know very well that it is the waters, trees, animals, fish and birds on whose backs many of the sins committed by human beings are placed. What we abused and destroyed of Creator’s making will assuredly have a say on what will become of us on the Day of Reckoning. The bird or plant who became extinct because of our actions, the animal who endured a long and agonizing death while in the merciless grip of a leg-hold trap, the once pure waters of an underground spring now filled with poisons—these things will have their chance to finally be heard. What will they say about us to Creator? When we do wrongs or commit “sins” against the noble and magnificent things of our lands, we need to accept that we will face severe consequences for doing so at some point in the future. Our souls will not escape justice. Of this I am certain!

The Indigenous spiritual beliefs of the Anishinabe (First Peoples) never hurt anyone! Yet, many generations of Christians were told by their faith leaders that Indigenous spiritual beliefs were as a dark and threatening cloud pushed furiously forward and locked into the minds of savages by the scalding breath of the “devil.” Because of this and because of Canada’s Christian foundation, Indigenous spirituality was outlawed until the 1950s. To me, at least, a monstrous sin was committed by Canada for making it a crime to sing a beautiful song to Creator with the help of a drum or rattle.

But at long last, a church has seen fit to apologize to the First Nations, Inuit and Métis peoples for the spiritual harm the actions and deeds of the church brought to Indigenous spirituality. Many segments of Christian religions are guilty, but only the Anglicans have so far admitted that their condemnation of Indigenous spirituality was wrong. The Anglicans are brave and, I believe, righteous. They are ahead of their time! I have a relationship of mutual respect going on presently, with the Anglicans. It is one of trust, peace and friendship and, also, one of real reconciliation. I am extremely proud of the friendship I have with them. Thank God for the Anglican Church! ■



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December 2019

DAY	READING	DAY	READING
<input type="checkbox"/> 01	Romans 13.8-14	<input type="checkbox"/> 17	2 Chronicles 28.1-8
<input type="checkbox"/> 02	Romans 14.1-12	<input type="checkbox"/> 18	2 Chronicles 28.16-26
<input type="checkbox"/> 03	Romans 14.13-23	<input type="checkbox"/> 19	Isaiah 7.1-16
<input type="checkbox"/> 04	Romans 15.1-13	<input type="checkbox"/> 20	Isaiah 7.17-8.10
<input type="checkbox"/> 05	Isaiah 11.1-16	<input type="checkbox"/> 21	Isaiah 8.11-9.1a
<input type="checkbox"/> 06	Isaiah 12.1-6	<input type="checkbox"/> 22	Matthew 1.18-25
<input type="checkbox"/> 07	Matthew 3.1-12	<input type="checkbox"/> 23	Isaiah 9.1b-7
<input type="checkbox"/> 08	Isaiah 40.1-17	<input type="checkbox"/> 24	Luke 2.1-21
<input type="checkbox"/> 09	Isaiah 40.18-31	<input type="checkbox"/> 25	Hebrews 1.1-14
<input type="checkbox"/> 10	James 5.1-14	<input type="checkbox"/> 26	Acts 6.8-7.2a
<input type="checkbox"/> 11	Acts 15.1-21	<input type="checkbox"/> 27	1 John 1.1-2.2
<input type="checkbox"/> 12	Acts 15.22-35	<input type="checkbox"/> 28	Isaiah 63.1-14
<input type="checkbox"/> 13	Psalms 146.1-10	<input type="checkbox"/> 29	Hebrews 3.1-19
<input type="checkbox"/> 14	Matthew 11.1-19	<input type="checkbox"/> 30	Psalms 149.1-150.6
<input type="checkbox"/> 15	Isaiah 35.1-10	<input type="checkbox"/> 31	Numbers 6.22-27
<input type="checkbox"/> 16	2 Chronicles 26.1-23		

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EMOTIONAL
WELL-BEING ▶

Loneliness, meet gratitude

PHOTO: DE VISU/SHUTTERSTOCK

Seniors saw improved loneliness scores after 14 weeks of gratitude practices, Partridge says.

Continued from p. 1

really useful arrow in our quiver,” he says. “It’s not the final magic pill, but what we’re looking for is one more thing we can do that’s helpful or may be helpful.”

Increasing concerns have been expressed about loneliness in recent years—in Canada and other countries, Partridge says—with chronic

or long-term loneliness estimated to afflict up to 30% of people in some studies. According to some researchers, chronic loneliness could be as dangerous to human health as smoking 15 cigarettes a day. In January 2018, the U.K. government appointed a minister of loneliness to address the problem in that country.

Partridge did the study as part of his work for

a doctor of ministry degree he completed last May at the University of Saskatchewan’s Lutheran Theological Seminary, and it forms the subject of his doctoral thesis. He says the idea for the study came to him while he reflected on interactions he had with parishioners. A number of people he visited at care homes and hospitals lamented that they were rarely visited any more, or they made similar observations suggestive of social isolation. Pointing out that a loved one or some other person had in fact visited them recently did not seem to shift their conviction of being lonely—suggesting that loneliness might be “more about perception than reality,” Partridge says.

Then another parishioner, who spent much of her day with other people, revealed to him that she nevertheless felt “achingly lonely.”

“I thought, ‘Whoa, that’s fascinating.’ Here’s a woman that you wouldn’t know during the daytime was struggling with loneliness,” he says. “It threw everything that I thought I knew about loneliness into a cocked hat.”

Many of us assume that a lonely person can be helped by being visited more often, or by getting out and seeing more people, Partridge says. But research suggests, he says, that the mere presence of other people has a limited effect on loneliness.

“We think of it as being really useful, and it is in its own way, but...the impact on chronic loneliness of a visit is something like 2.5 days,” he says. “It’s very helpful during that short period of time, but then it dissipates.”

Although there has been considerable research over the past 50 years on the mental health effects of gratitude practices, Partridge says, he could not find any research measuring the long-term effect of these practices on chronic loneliness. He decided to do such a study for his dissertation.

Partridge had his team lead the senior parishioners through a series of different gratitude practices each week for about two hours each time, beginning with a Scripture reading and prayer. These practices included journaling, reminiscing, forgiving oneself and others, and exploring different types of prayer.

Part of his team’s work, Partridge says, was helping participants learn how to actually feel gratitude. For example, they practiced paying attention to be present in the moment, on the assumption that it’s difficult to be grateful when one is caught up in resentment or regret about things done in the past or in worries about the future.

Studies suggest, he says, that gratitude, even for the smallest things, once learned can become a habit.

“It doesn’t matter if the thing you’re grateful for is a brand-new grandson, or that your shoelaces didn’t break—they’re both important, and your subconscious takes them in as gratitude,” he says. “The medical research is pretty clear, that if you go to a sustained gratitude practice...it creates new neural pathways—what they call superhighways in your brain—that actually light up differently, so that you will more likely default to a grateful response to a new stimulus.”

One exercise that participants seemed to find especially useful, his dissertation states, was use of a “feelings wheel”—a tool to help people fine-tune their ability to put words to their emotions.

“When I know my feelings I can pray to God about them,” one participant said with reference to the feelings wheel.

Research on gratitude has included study both of faith-based gratitude—toward God or some sort of higher power—as well as gratitude in a secular sense, a general attitude of thankfulness, he says.

But is it possible to be grateful without being grateful to someone or something? Partridge says it’s an interesting question.

“I have some family members who profess to be atheists and who are still very grateful for the way the world is, and when we talk about it, they say, ‘I’m grateful to the wider universe,’” he says. “Well, you can call God by whatever name you want—we don’t have any completely good name that captures all of what God is. So if you want to call him ‘the wider universe,’ I’m happy with that.” ■

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PEOPLE ▶

Bishop of Ottawa to retire April 30

Tali Folkins
STAFF WRITER

John Chapman, who has served as bishop of the diocese of Ottawa since 2007, will retire April 30, 2020.

“In April of next year I will have reached the age of 66 years, recovered successfully from some health challenges, and I will have completed 42 years of ordained ministry,” Chapman said in a statement published on the diocese’s website Sept. 10. “For the past 13 years I have had the honour of serving as the Diocesan Bishop of Ottawa.... Now is time for me to step down from ‘titled’ responsibilities or appointments and make myself available to the Church in a less formal manner.”

Chapman said he wanted to “allow the



▲ “Now is time for me to step down from ‘titled’ responsibilities or appointments,” Chapman said.

PHOTO: ART BABYCH

Diocese to move forward with the energy and vision a new Bishop and leader will provide as he or she begins work.”

The bishop also said much of the work outlined by previous diocesan synods as well as *Embracing God’s Future*, the diocese’s current strategic plan, was now either accomplished or well underway. “It is the right time,” he said. “We as a diocese are moving into a time of readiness for yet another full and comprehensive analysis of the mission God is calling our beloved diocese to embrace over the next 10 years. New and fresh episcopal eyes will be essential.”

His retirement would also, Chapman noted, allow his successor to attend the Lambeth Conference, the international gathering of Anglican bishops normally

held once every decade in England.

“This is a critical experience for a new Bishop,” he said. “I had the pleasure shortly after my election to attend Lambeth 2008. I had the valuable opportunity to ‘feel’ and understand the fullness of our Communion and to meet global colleagues. Its impact upon my episcopacy was profound.”

The next Lambeth Conference will be next summer—12 years after the last one. In 2014, Archbishop of Canterbury Justin Welby said, in response to some media reports that the event had been cancelled, that he wanted to meet all the primates and carefully consult with them before setting a date for the event.

Chapman was elected bishop of Ottawa in 2007. ■

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For more information, please contact Prof. Kevin Flynn at Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4; (613) 236-1393, ext. 2427/1-800-637-6859. www.ustpaul.ca

THORNELOE UNIVERSITY

Sudbury, Ontario An innovative and thriving Anglican College within Laurentian University, our Motion Picture Arts, Ancient Studies, Theatre Arts, Women’s, Gender and Sexuality Studies, and Religious Studies programs lead to Laurentian University degrees. We also offer Theology at the Bachelor’s, Diploma, and Certificate level. Programs available on campus and by distance education. Call for details and a course calendar. Information: The President, Thorneloe University, 935 Ramsey Lake Rd, Sudbury ON P3E 2C6
Phone: 1-866-846-7635 Fax: 705-673-4979
Email: president@thorneloe.ca
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TRINITY COLLEGE Offers dynamic and sophisticated theological programs, focused on preparing students to engage with the needs of contemporary society and to contribute to the future of God’s church. Trinity is rooted in the liberal catholic tradition of the Anglican Church, while embracing a variety of expressions of Christianity, including a vibrant Eastern Orthodox community. The Faculty of Divinity enjoys particular expertise in historical and contemporary forms of liturgy, church history, contemporary ethics and theology, Anglican and Eastern Orthodox studies, philosophy of religion, and congregational studies. In ecumenical collaboration within the Toronto School of Theology and in federation with the University of Toronto, the Faculty of Divinity offers the following degree programs:

M.Div., MTS, MA, ThM, DMin and Ph.D. Short-course certificate programs are available, with concentrations that include Anglican Studies, Orthodox Studies, and Diaconal Ministry.

For more information please contact: Faculty of Divinity, Trinity College, 6 Hoskin Avenue, Toronto ON M5S 1H8 (416) 978-2133 divinity@trinity.utoronto.ca

VANCOUVER SCHOOL OF THEOLOGY

is called to educate and form thoughtful, engaged and generous disciples of Jesus Christ for service to the church and the world in the 21st century. A theological education at VST combines the love of scholarship, courage to take up the issues of our time and readiness to collaborate with our local and global neighbours for the good of God’s world. VST strives to cultivate a community where hospitality, generosity and imagination infuse our common life. Our graduates are thoughtful people, reflective about how to interact with the large challenges of our time on the basis of the deep resource of faith. They don’t rush to thin relevance, but linger with scripture, tradition and scholarship to expand our common imaginative repertoire. Our students learn together with and from our Indigenous partners and those of other world religions. To learn more and to register for your course of study at VST, visit our website at www.vst.edu.

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at the University of Toronto is an evangelical Anglican community of learning within the Toronto School of Theology offering both masters level and advanced degree programs. Our programs are designed to challenge, encourage and equip students from many denominations to live out their faith and provide leadership as either ordained or lay leaders in their church and wider communities. Innovative programs have been introduced such as the **Master of Divinity (MDIV)** and the **Master of Theological Studies in Development (MTSD)**. The flexibility of part time study and online learning in the masters programs provides accessibility. Financial support in all programs is available. Visit us at www.wycliffecollege.ca or telephone (416) 946-3547 for further information.

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The Anglican Church of Canada

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The Anglican Church of Canada

ANNUAL REPORT 2018



▲ Archbishop and Primate Fred Hiltz retired in July 2019.
PHOTO: GENERAL SYNOD



Thank you for supporting

126 YEARS

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Giving thanks for our Primate

For twelve years, Archbishop Fred Hiltz led “our beloved Church” as primate. Generous donors like you have supported his ministry as he helped the whole church focus on God’s mission and our response. His presence as a gracious listener and compelling speaker has enriched the meetings he attended (and often chaired), the parishes he visited and the people he met.

Thank you, Fred, for your long servant ministry, as a lay person, deacon, priest, bishop, and primate.



▲ Clockwise from top: Reconciliation Animator Melanie Delva addresses graduates at Montreal Dio's annual Choral Evensong and Convocation; teaching lodge at the Shingwauk Kinoomaage Gamig; break-out small group at the Ninth Indigenous Anglican Sacred Circle, August 2018. PHOTOS: MONTREAL DIOCESAN THEOLOGICAL COLLEGE, GENERAL SYNOD

Reconciliation in action

Healing in Indigenous communities and reconciliation between Indigenous and non-Indigenous people and communities have emerged as priorities across the Anglican Church of Canada, in parishes large and small, rural, urban, and remote.

The Anglican Healing Fund, with its coordinator, Martha Many Grey Horses, and the ministry of General Synod's

"I believe that reconciliation needs to become a spiritual practice, so that it becomes part of our day-to-day thinking and the way that we approach everything that we do." — Melanie Delva, Reconciliation Animator, Office of the Primate

reconciliation animator, Melanie Delva, are two key vehicles by which General

Synod supports these priorities in the life of the church and the life of the world.

The 94 "Calls to Action" of Canada's Truth and Reconciliation Commission and the 46 articles of the United Nations Declaration on the Rights of Indigenous Peoples are key commitments, not just in principle, but also in action, across our church. Generous donors like you help support the General Synod in supporting reconciliation and healing across this land.

THANK YOU for generously supporting the ministries of General Synod in 2018.

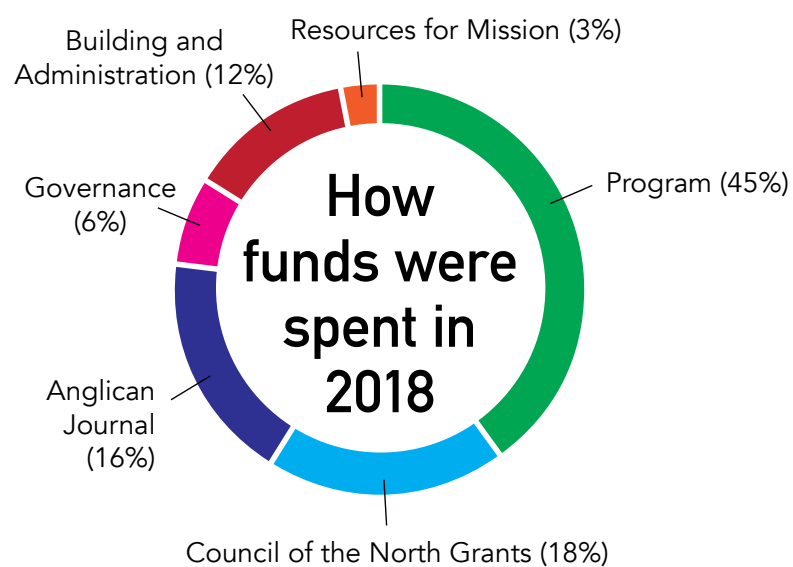
Your generosity, and the generosity of parishes and dioceses across the country, makes it possible for our church to respond to God's call here at home and abroad.

Through your gifts, you have made an impact on the lives of many women, men and children. They are deeply grateful for your support, as are we.

Stay up to date on the news of our church and how you can make a difference by visiting www.anglican.ca and Giving with Grace at www.anglican.ca/give.

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▲ Clockwise from top left: National Indigenous Anglican Archbishop Mark MacDonald and Primate Fred Hiltz at the Ninth Indigenous Anglican Sacred Circle, August 2018 in Prince George, B.C.: new members are commissioned to the Anglican Council of Indigenous Peoples; participants gather for the opening ceremony of Sacred Circle. PHOTOS: ANGLICAN VIDEO, GENERAL SYNOD

Sacred Circle: The national gathering of Indigenous peoples

Many years ago, Indigenous elders envisioned a truly self-determining church within the Anglican Church of Canada. Over the years since then, such a church has begun to take shape. One important part of the emerging church is the meeting of the Sacred Circle, held every three years. Sacred Circle gathers

Self-determination is described as a spiritual response to a spiritual crisis.

Indigenous Anglican leaders from across

the land for a time of spiritual renewal and deliberation on important matters, and offers a national forum for the National Indigenous Anglican Archbishop and the Anglican Council of Indigenous Peoples.

National Indigenous Anglican Archbishop Mark MacDonald describes self-determination as a spiritual response

to a spiritual crisis. Generous donors like you play an important part in that response. As we develop a secure financial base for a self-determining Indigenous church, your generosity will continue to be a key part of your church's support for the inherent right of Indigenous peoples to make choices for and by themselves.



▲ The Rev. Rachel Carnegie, Anglican Communion Office, presenting at an Engage Freedom event in Pickering, Ont. PHOTO: THE REV. CANON DR. MICHAEL MONDLOCH

Human trafficking

Combatting human trafficking and modern-day slavery is a priority across the Anglican Communion. It is an issue that encompasses migrant farm workers, domestic workers and forced sex trade work here in Canada and around the world. It also has a particular impact on Canadians as part of the tragic and

violent reality of missing and murdered Indigenous women and girls.

Generous donors like you have helped General Synod shine a light into this dark place, through the production of a video, and "Engage Freedom" gatherings in each ecclesiastical province to build awareness and develop Anglican responses.

Indigenous youth suicide prevention

In 2008, General Synod's "Amazing Grace Project" united Canadian Anglicans in song. The \$100,000 it raised became the first national investment of our church in suicide prevention in Indigenous communities. Since then, The General Synod's Indigenous Ministries have developed a suicide prevention initiative with three workers serving largely in northern and remote communities. This is not a "one-size-fits-all" program. Networks of lay and ordained volunteers work with individual communities to help them discern which prevention approaches are best suited for their Indigenous contexts.

Generous donors like you make it possible for the suicide prevention workers to develop volunteer teams, and to train and equip community leaders in dioceses where the need for suicide prevention is especially urgent.



▲ The program logo is a traditional Christian fish image presented in colours of the medicine wheel, an Indigenous symbol of healing.

"We're looking forward to working with them and developing a strategy that will alleviate suicides in our communities," says Canon Ginny Doctor, Indigenous Ministries coordinator. "It's a start. It's not going to end everything really quick, but we've got to start somewhere."

Consolidated Statement of Operations

Year ended December 31	2018	2017
REVENUE		
Contributions from dioceses	\$ 7,898,264	\$ 8,416,738
Other	1,528,777	1,556,498
Anglican Journal	1,260,387	1,357,383
Resources for Mission	432,142	611,846
	11,119,570	11,942,465
EXPENSES		
Council of the North Grants	2,150,000	2,150,000
Other Diocesan Support	32,172	123,003
Anglican Journal	1,924,824	2,066,107
Administration	1,467,270	1,431,582
Other Program Initiatives	1,134,690	1,057,560
Indigenous Ministries	1,073,741	691,251
Primate and House of Bishops	841,206	795,984
Communications	766,071	678,107
Governance	680,899	585,731
Global Relations	577,631	633,100
Faith, Worship and Ministry	400,841	437,033
Resources for Mission	337,445	367,589
Affiliations	275,112	274,544
Public Witness for Social and Ecological Justice	182,791	129,660
	11,844,693	11,421,251
(Deficiency) excess of revenue over expenses before the following:	(725,123)	521,214
Investment (loss) income	(296,603)	998,523
Undesignated legacies	286,404	211,686
(Deficiency) excess of revenue over expenses	\$ (735,322)	\$ 1,731,423
Transfers from (to) internally designated net assets	160,118	(867,103)
(Decrease) increase in unrestricted net assets	(575,204)	864,320
Beginning balance unrestricted net assets	\$ 4,655,706	\$ 3,791,386
Excess of revenue over expenses	\$ 4,080,502	\$ 4,655,706

Consolidated Statement of Financial Position

Year ended December 31	2018	2017
ASSETS		
Current		
Cash and cash equivalents	\$ 865,041	\$ 1,363,150
Cash held in trust	757,201	—
Accounts receivable	1,985,909	1,960,570
Inventory	108,464	137,463
Prepaid expenses and other assets	120,026	125,592
Total current assets	3,836,641	3,586,775
Investments	19,527,738	20,468,368
Car and staff housing loans	368,792	411,272
Capital assets	2,454,785	2,529,952
	\$ 26,187,956	\$ 26,996,367
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 937,716	\$ 934,428
Other accounts payable	757,201	—
Deferred contributions	2,585,582	2,955,610
Total current liabilities	4,280,499	3,890,038
Annuities	1,538,679	1,816,604
Total liabilities	5,819,178	5,706,642
NET ASSETS		
Unrestricted	4,080,502	4,655,706
Internally designated	11,574,812	11,734,930
Endowments	4,713,464	4,899,089
Total net assets	20,368,778	21,289,725
	\$ 26,187,956	\$ 26,996,367

This information has been extracted from the full audited financial statements, which are available at www.anglican.ca/fm.

For almost a quarter century, Ms. Cynthia Haines-Turner, from the Diocese of Western Newfoundland has supported the national life of the Anglican Church of Canada with her time and financial resources. She describes being part of national ministry as “amazing, actually...life-giving, fun, challenging and illuminating.”

“You get a glimpse of how national ministry impacts us all at the local level... From healing and reconciliation to human trafficking, from suicide prevention to Jerusalem Sunday, the work of the national church is felt at home.”

Thank you to all donors and volunteers who gave of their time, talent, and treasure to make the national ministry of the General Synod possible.

PHOTO: GENERAL SYNOD

