

Report D-001
Leadership and Vocation Goal Area Committee
General Assembly Council
March 14-16, 2007

The Leadership and Vocation Goal Area Committee met on Thursday, March 15, 2007 in Louisville, Kentucky and forwards the following to the General Assembly Council:

For Consent

GAC ACTION: Approved as submitted.

1. Flu Pandemic Policies for International Mission Personnel and Staff of World Mission (WM) and Relief and Development (R&D) who travel internationally (D.101) [Attachment 1]
2. Revised Policy for Continuing Education for Mission Co-Workers (D.102) [Attachment 2]

For Action

GAC ACTION: Approved

That the General Assembly Council:

1. Adopt in principle (D.103), the “Proposal Regarding the Care of Chaplains” and refer it to the Presbyterian Council for Chaplains and Military Personnel (PCCMP) and the Office of Vocation for appropriate language, editing and distribution to Presbytery Committees on Ministry. [Attachment 3]

For Information

1. The Leadership and Vocation Goal Area Committee reviewed and affirmed the Goals and Objectives established in the 2007-2008 Mission Work Plan. [Attachment 4]

Item D.101
ACTION ITEM FOR GAC COMMITTEE BUSINESS

for GAC executive director's office use only. assigned to:					
	A. Evangelism and Witness	X	D. Leadership and Vocation		G. PCUSA, A Corporation
	B. Justice and Compassion		E. Shared Services		H. Executive Committee
	C. Spirituality and Discipleship		F. Audit		I. Personnel Subcommittee

Subject:

Flu Pandemic Policies for International Mission Personnel and Staff of World Mission (WM) and Relief & Development (R&D) Who Travel Internationally

Recommendation:

To adopt the following policies:

CRISIS MANAGEMENT POLICIES:

1. CRISIS MANAGEMENT TEAM

During Phase Three of a possible Flu Pandemic, a Crisis Management Team (CMT) along with "understudies" will be named and trained and will include:

1. A Crisis Manager
2. An Operations Person
3. A Communications Person
4. A Resource or Intelligence Gathering Person and
5. A Support Person

GAC staff who are named to this team will be given authority to implement the following policies and will be relieved of regular duties to concentrate on managing the crisis.

In the event that any region of the world where mission personnel are located is determined to be in Phase Four, the Crisis Management Team will be activated and will take charge of any decisions to be made or policies and procedures to be carried out. All communications and operations relating to mission personnel, staff traveling internationally, and Avian Flu concerns will be handled by this team only. All mission personnel will be informed of their contact person.

2. TRAINING AND EDUCATION POLICY:

The Pandemic Flu Preparedness team will develop a training/education program for mission personnel to reduce the impact of the flu. The program will give current information on the Avian flu, including what it is, how to recognize symptoms, and what can be done to treat, avoid, prevent and reduce its transmission.

Training will begin while in Phase Three. Education will continue until the risk of the Pandemic Flu abates.

Each international mission worker will participate in the educational program and will, as a result, develop or revise their own contingency plan which can be executed at the time of a Pandemic Flu outbreak. Each will submit their plan to the Mission Personnel Relations Office for use in case of emergency.

3. SICK LEAVE POLICY: In the event of the Pandemic Flu reaching Phase Four in the region of assignment the following sick leave policy will be put into effect:

Any mission personnel or family members who have any type of influenza symptoms are required to stay at home. Also, if you are required to stay at home because of a quarantine, these days will not be counted against accumulated sick leave as outlined in our Handbook policies. Mission personnel will report their symptoms to the CMT and comply with any local health reporting requirements.

4. EVACUATION POLICY:

The current evacuation policy contained in The World Mission security policy is as follows:

It is the policy of WM that decision-making authority regarding evacuation exists at the individual or family level and at the WM leadership level. In different circumstances, each of these levels may have access to information that makes evacuation an appropriate decision; so, each is authorized to act on such information and make a decision. The remainder of the organization will respect such a decision. This policy is bi-lateral. Just as WM will support an individual family's decision to evacuate, so will individuals and families support a directive from WM leadership to evacuate. The decision process for mission personnel will naturally involve partner church or partner institution leadership to the maximum possible under the circumstance.

However, the Pandemic Flu presents a set of unique risks that will require further conversations before evacuation is decided. The CMT and the mission person will explore options toward minimizing exposure and transmission of the flu virus. The CMT will make the final decision.

If a mission personnel is being evacuated due to serious health problems they will work directly with CIGNA International who will arrange medical evacuation with SOS. If an individual or family is being evacuated because of high risk factors, evacuation plans will be worked out with the CMT.

5. MEDICATION POLICY:

In the event that the Pandemic Flu moves to Phase Four, the CMT will decide on the provision of anti-viral medications based on the effectiveness of what is available.

6. INFORMATION MANAGEMENT POLICY

It is the policy of World Mission and Relief & Development that all information, intelligence and suggestions relating to a crisis be directed to the Crisis Management Team at the earliest possible time.

Any member receiving information or with suggestions for the CMT shall forward the information or suggestions immediately to the Team.

It is further the policy of World Mission and Relief & Development that during a crisis all information released to the families, the organization, the public and the news media will be done by the CMT. No member outside the Team is authorized to make any statement that relates in any way to an ongoing crisis. All media inquiries shall be referred to the CMT.

7. TRAVEL POLICY:

All travel of mission personnel or World Mission and Relief & Development staff who travel internationally will be restricted from any area of the world that is reported to be in Phase Four. If WHO (World Health Organization) should move to Phase Five, all non-essential travel will be discouraged and restricted in affected regions for all personnel. In Phase Six more than likely travel restrictions and bans will be imposed by governments and airlines and any or all international travel will be difficult if not impossible. In Phase Six mission personnel will stay home and follow through on Plans set up in Phase Three.

Background:

Avian Flu (H5N1) is currently spreading around the world in domestic and wild bird populations. It has already been transmitted from birds to humans and has the potential to mutate, allowing it to readily spread among humans. If the flu virus develops the capacity to spread among humans it has high probability of becoming a worldwide pandemic.

Many scientists involved in pandemic forecasting believe that some type of Pandemic Flu is inevitable and therefore it is important to be ready with a plan should such a pandemic occur. Based on previous flu pandemics a new pandemic has the possibility of affecting millions of individuals and will likely have a high mortality rate. Therefore, it is necessary for the World Mission Program Unit to prepare for such a major international crisis. To this end we have developed the following policies and procedures and crisis management plan, all consistent with the recommendations of the World Health Organization (WHO) and the CDC (Center for Disease Control).

Our policies and procedures are based on being able to determine trigger points as the pandemic evolves. We follow the WHO world alert system based on six phases with a further breakdown of alert level within phase six. These definitions guide us in our policy and procedure responses. Policies and procedures will be labeled clearly for each phase. At the time of writing these policies we are currently in Phase Three.

Ultimately, the best response to the pandemic is to reduce or eliminate contact with infected individuals and prepare to use existing resources should someone within the mission personnel community become infected.

PHASES DEFINED **Inter-Pandemic Period**

Phase One: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase Two: No new influenza virus subtypes have been detected in humans. However, a circulation animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

Phase Three: Human infections(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact. May see reports of bird to human cases growing and spreading. Avian Flu is spreading to wild birds which lead to further spread of Avian Flu around the world in domestic bird populations.

Phase Four: Small clusters of limited human to human transmission that is highly localized. Pandemic awareness is in the news more often. Some countries may begin border screening. Increased monitoring of international travelers from affected countries.

Phase Five: Large clusters of outbreak. Virus is getting better adapted to humans. May not yet be fully transmissible. Substantial risk of pandemic. Some governments will establish border health controls. Airlines may enact monitoring and selection of travelers.

Pandemic Period:

Phase Six: Pandemic increased and sustained human-to-human transmission in general population (widespread worldwide.) Travel restrictions and bans in place by governments and airlines. International travel may be difficult, if not impossible. Churches, businesses and schools, public transportation likely to be closed. GAC offices may be closed. Only those who need to maintain communication structures and emergency work will be allowed into the offices.

Post-Pandemic Period:

Determine “resume to normal” status based on CDC, WHO and health department recommendations and communicate with staff using emergency communication procedures.

Financial Implications: (Refer to Attachment A from September, 2006 GAC Report)*

Crisis Management Team	\$130,000.00	Per Attachment A, Report D-03 for September, 2006 GAC
Training & Education Policy	-0-	Within Current Budget Capacity
Sick Leave Policy	-0-	No Financial Implications
Evacuation Policy	\$200,000.00	Evacuations, worst case scenario: As many as half of currently serving international mission personnel and families (400 persons) evacuated, at estimated \$1,000.00/person for approximate cost of as much as \$200,000.00
Medication Policy	\$110,000.00	Per Attachment A, Report D-03 for September, 2006 GAC
Information Management Policy	-0-	Within Current Policy
Travel Policy	-0-	Within Current Budget
ESTIMATED TOTAL:		\$440,000.00

*The GAC is reminded of Recommendation #3 of Attachment A, Report D-03, approved in September, 2006 which reads: That given the preliminary financial implications of responding to the pandemic, the GAC consider when it may wish to earmark Presbyterian Mission Program Funds (PMPF) to cover this possible extraordinary expense.

ITEM D.102

ACTION ITEM FOR GAC COMMITTEE BUSINESS

for gac executive director's office use only. assigned to:			
<input type="checkbox"/> A. Evangelism and Witness	<input checked="" type="checkbox"/>	<input type="checkbox"/> D. Leadership and Vocation	<input type="checkbox"/> G. PCUSA, A Corporation
<input type="checkbox"/> B. Justice and Compassion		<input type="checkbox"/> E. Shared Services	<input type="checkbox"/> H. Executive Committee
<input type="checkbox"/> C. Spirituality and Discipleship		<input type="checkbox"/> F. Audit	<input type="checkbox"/> I. Personnel Subcommittee

Subject:

Continuing Education

Recommendation:

That the GAC adopt the following revised policy for Continuing Education for Mission Co-Workers.

POLICY

It is the policy of the World Mission Program Unit to encourage and support mission personnel in their development through training, continuing education and professional development programs. These programs afford Mission Co-Workers the opportunity to acquire new skills and knowledge and refresh current skills consonant with the needs of the partner church or organization and with their own career goals and objectives. Staff development is available for all Mission Co-Workers based on the guidelines below.

Programs of staff development may include, but are not limited to: classes, seminars, conferences, cultural study tours, research, degree programs, and specialized certification courses. Mission Co-Workers with satisfactory performance are eligible for continuing education after twelve months of full time employment. Participation in continuing education may be initiated by either World Mission or the Mission Co-Worker and may include extended study leave.

All staff development activities are at the discretion of World Mission and dependent on the availability of funds.

Continuing Education Process

1. The Mission Co-worker should provide his or her Area Coordinator and the Associate for Education, Training & Events (ET&E) with information about the continuing education opportunity for which he/she would like to receive reimbursement as early as possible.
2. Mission Co-Workers must complete a Staff Development Application Form, available from the ET&E office, prior to enrolling. The Associate for ET&E will verify with the Area Coordinator and then provide pre-approval. After receiving approval, the Mission Co-Worker can enroll in the continuing education opportunity.

3. Upon completion of the continuing education opportunity, the Mission Co-Worker should submit a reimbursement request form with the receipts and, when applicable, evidence of passing grade or certification.
4. The ET&E Office will then coordinate the reimbursement.
5. Reimbursement for pre-approved continuing education will be limited to a maximum of \$1,500 per year per Mission Co-Worker as funds are available. Expenses must be validated by submitting receipts and, when applicable, a copy of the final grade or certification to the Area Coordinator and Associate for ET&E.

Background:

The current policy statement is attached. Current policy is financially unsustainable given the new budget realities. This new policy harmonizes mission personnel continuing education with the policy for GAC staff, and is financially feasible within the current budget.

Financial Implications:

None. The types of continuing education opportunities and funds available will be established each year by the World Mission Program Unit during the budgeting process using currently available budget funds.

ATTACHMENT:

CONTINUING EDUCATION
CURRENT POLICY FOR MISSION CO-WORKERS

Mission Co-Workers are encouraged to plan their own programs of continuing education and personal development in consultation with the receiving body, the Area and Program Coordinators, and the Coordinator for Mission Co-Worker Office. This may be done during mission assignment if such a program does not interfere with assigned responsibilities. The study grant for continuing education will be available at the rate of \$300 per year to be accumulated up to a maximum of \$1,800. Mission Co-Workers who need to maintain certification or licensure for specialized skills and/or knowledge are expected to complete appropriate continuing education requirements with expenses covered by WMD if necessary. Arrangements for such expenses must be approved by WMD prior to course registration.

ITEM D.103

ACTION ITEM FOR GAC COMMITTEE BUSINESS

for gac executive director's office use only. assigned to:				
	A. Evangelism and Witness	X	D. Leadership and Vocation	
	B. Justice and Compassion		E. Shared Support	G. PCUSA, A Corporation
	C. Spirituality and Discipleship		F. Audit	H. Executive Committee
				I. Personnel Committee

Subject:

Proposal from the Presbyterian Council and Military Personnel Regarding Care of Chaplains and Congregations During Deployment

Recommendation:

That the General Assembly Council ratify the below listed goals as a standard of support from and to congregations whose pastors are being activated to go to war and that this document be sent to all presbyteries for their consideration and action as they see fit, to show proper concern for our Military Chaplains in this time of strife:

GOAL 1: The pastor chaplain should remain the called pastor of the congregation while deployed and should return to that role when de-deployed home. In order to enable that to happen, several other goals need to be adopted.

GOAL 2: An interim pastor should be found to fill the position during the deployed pastor's absence. If this interim could be found on a roster of retired chaplains it would be helpful to all. The presbytery should provide pastoral care to the congregation and to the deploying pastor while the steps necessary to a call up are underway.

GOAL 3: If the church provides a manse the pastor chaplain's family will normally remain in the same congregational housing that they occupied at the time of the call-up. Of course, the church will seek to surround them with love and support, will minimize the trauma and turbulence to the families, and will provide them with the same kind of intentional care that any other deployed military member should receive.

GOAL 4: Because the pastor chaplain will draw federal salary, health care, and housing for both the chaplain and the chaplain's family, during the time of deployment, the salary and other remuneration for the pastor in the church budget should be kept by the church to offset the costs of the interim.

GOAL 5: Presbytery leadership should work with the national church offices to ensure that the church pension is protected and that return to normal status is made seamlessly following de-deployment. The same is true of health care.

GOAL 6: Nurture and care for the congregation, the pastor and the pastor's family should continue for some time after de-deployment. The congregation may have changed during the pastor's absence as may the pastor chaplain. Therefore, the presbytery should provide pastoral services as needed. In addition, the pastor chaplain may come home with some post traumatic stress and require additional care. This goal

affirms that the pastor and the congregation should be nurtured while they become reacquainted with each other. Through intentional care the presbytery will recognize these needs and provide appropriate care.

Background:

The number of Reserve and National Guard chaplains called to serve extended periods of active service since 9/11 is unprecedented. Not since World War II have so many been called to active service, and never before have so many been called out of traditional congregational service. Congregations and pastors have had their ministries dramatically changed by war. It is important that PC(USA) on the national, presbytery and congregational levels respond to this situation in an understanding, caring, and helpful manner.

Neither the congregations affected nor their pastor chaplains who are deploying should have to negotiate the complexities of these transitions alone. And just as it is normal for reservists and guardsmen to return their jobs after their war-time service, it ought to be normal for pastors to return to their congregations after their war-time service. While there will always be unique issues which require exceptions to policy, the purpose of this document is to suggest a standard for support from and to congregations; whose pastors are being activated to go to war.

General Assembly Council Goals, Objectives and Outcomes 2007-2008

Leadership & Vocation*

Goal: We are called to lead by Jesus Christ's example, to identify spiritual gifts, and to equip and support people for faithful and effective servant leadership in all parts of the body of Christ.

VOCATION OBJECTIVE: Equip presbyteries and congregations to help members discern that their vocation is a call from God to Christian witness in society and the church.

PROPOSED OUTCOME 2007-2008

1. More articulation of the broader understanding of Christian vocation versus church vocation.

Actions

- (a) Creation of www.pcusa.org/christianvocation where resources are shared.
 - (b) Promotion of Christian Vocation Sunday (Labor Day weekend)
 - (c) Discernment events for youth and young adults.
 - (d) Communication through Presbyterians Today and other PCUSA media.
2. Deepening and enhancing the call of Presbyterians to leadership in the church particularly the ministries of elder and deacon through such efforts as:
 - (a) The Company of Pastors
 - (b) Order of Elders

* RECALL THAT THE PROGRAMS OF THE GENERAL ASSEMBLY COUNCIL SUPPORT THE CHURCH WITH PROGRAMS THAT SUPPORT UNDERSTANDING OF CHRISTIAN VOCATION, DISCERNMENT AND DEEPENING OF CALL; SUPPORT OF COMMITTEES ON MINISTRY, COMMITTEES ON PREPARATION FOR MINISTRY AND PASTORS IN EARLY YEARS AS WELL AS FURTHER YEARS IN MINISTRY; AND PROVIDE OPPORTUNITIES FOR YOUNG ADULTS AND ADULTS IN VOLUNTEER AND MISSION SERVICE AS THEY EXPLORE AND LIVE OUT THEIR CALL; AND DISCERNMENT, RECRUITMENT, PLACEMENT, AND CARE OF MISSION CO-WORKERS. OUR WORK IN THIS AREA IS PRINCIPALLY IN PARTNERSHIP WITH INTERNATIONAL PARTNER CHURCHES, WITH SEMINARIES AND THE COMMITTEE ON THEOLOGICAL EDUCATION COLLEGES AND UNIVERSITIES AND WITH CONGREGATIONS AND MIDDLE GOVERNING BODIES.

SMALL CHURCH OBJECTIVE: Facilitate the exchange and development of alternative models for pastoral and mission leadership in small churches.

PROPOSED OUTCOME 2007-2008

Small churches will have access to positive and healthy alternative models and possibilities that will inspire them as they work with presbyteries to fulfill their calling.

Actions

- a. Models for small church leadership will be collected and made available on small church and vocation websites.
- b. In partnership with presbyteries and COTE, best practices for the training and service of CLPs will be gathered and made available.