

The Church & The Opioid Crisis

The Holy Friendship
Summit: Healing the
Heart of Southern
Appalachia

Program Guide



HOLY
FRIENDSHIP
SUMMIT



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AND CULTURE

The Holy Friendship Summit: Healing the Heart of Southern Appalachia

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Holy Friendship: Healing the Heart of Southern Appalachia

Abstract

“Holy friends challenge the sins we have come to love, affirm the gifts we are afraid to claim and help us dream dreams we otherwise would not dream.” – L. Gregory Jones

The Holy Friendship Summit is more than a conference or workshop. It is a long-term vision to produce networks, resource-sharing opportunities, church projects and a new book on how the church can respond to the opioid crisis in Southern Appalachia.

Clergy, clinicians, congregations, educators, nonprofit leaders, recovery program leaders and neighbors are called and are coming together in *Holy Friendship*.

The Holy Friendship Summit will...

- **Follow** the Biblical mandate to love our neighbors
- **Bring together** as clinicians, clergy, educators, congregations and friends to share love, resources, and guidance
- **Teach** congregations and clergy how to respond to, interact with, and care for people struggling with pain and addiction
- **Strengthen** professional and community ties in the midst of crisis
- **Produce** new and valuable re-sources to help clergy, congregations, families, and friends
- **Engage** in a yearlong research project that will result in the publication of a new book that will be a resource guide to clergy, congregations and clinicians.



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OUR BIBLICAL MANDATE

Holy friendship is following the Biblical mandate to meet people in distress wherever they are and extend Christ's redeeming love.

Jesus taught that we are to serve as neighbors. His greatest commandments were to love God and love our neighbor. Southern Appalachia is gripped by an opioid addiction crisis and it is time for neighbors to act.

Every Christian knows the story of the Good Samaritan. But how many of us remember the man on the side of the road who needs attention?

Our region is overwhelmed by people on the "side of the road" due to addiction to opioids. We have a choice. Like the religious leaders who ignored the man on the "side of the road," we can walk on by and pretend the problem and the people don't exist.

Or, we can do something about it.

Christians who care about those "on the side of the road" will gather in May to learn how to help those brothers and sisters who are dying of opioid addiction. Join us for a Holy Friendship Summit on May 18-19 at Celebration Church in Blountville, Tennessee.

The people "on the side of the road" are counting on us!

Consider the following facts:

- Overdose deaths have passed automobile crashes as the leading cause of accidental death in the U.S.
- The Neonatal Abstinence Syndrome (NAS) rate in Northeast Tennessee is 8.5 times the national rate
- NAS is as high as one in ten births in some local counties
- 80% of crimes in Tennessee have some drug-related nexus (TBI statistics)
- Virginia's Governor has declared the opioid crises a public health emergency

Clergy are called to leadership in the midst of crisis. Pastors and Christian leaders will receive practical guidance on how to help.

Clinicians

Clinicians see people in crisis every day but need the network of clergy, community, and friends, to help bring about recovery and healing.

Congregations

Congregations are the place where love and support can be felt the most; but caring is not enough. Education and guidance are needed.

Family & Friends

Family and friends are on the front lines of the crisis when a loved one is gripped in pain and addiction. Support is available.

The Holy Friendship Summit is more than a conference or workshop. It is a vision to produce networks, resource sharing opportunities, and new publications .

Clergy, clinicians, congregations, educators, non-profit leaders, recovery program leaders, and neighbors are called and are coming together in Holy Friendship.

SPEAKERS

The Holy Friendship Summit will bring nationally and world renowned Christian speakers to address the crisis of pain and addiction, and to help us respond faithfully in our own neighborhoods.

PUBLICATION

Book Publication by Christian Author Katelyn Beaty

Katelyn Beaty is a Christian author and past editor of Christianity Today. The Holy Friendship Summit will commission Katelyn to work with clinicians, pastors, and theologians to publish a practical, theologically informed guide to help pastors and congregations help those in crisis.

Our Theological & Ethical Mandate

Our Lord instructed us in Matthew 25:35-40:

For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.’ Then the righteous will answer him, saying, ‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothe you? And when did we see you sick or in prison and visit you?’ And the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.’

The word for sick carries with it all manner of disease and illness, both of the mind and body, and “visited” includes ministering unto a person, by way of consoling, advocating, and up lifting.

Paul wrote the Romans and said, *“We who are strong have an obligation to bear the failings of the weak, and not to please ourselves (Romans 15:1).”* And to the Galatians he said, *“Bear one another’s burdens, and so fulfill the law of Christ (Galatians 6:2).”* And to the Philippians he wrote, *“Let each of you look not only to his own interests, but also to the interests of others (Philippians 2:4).”*

In other words, all through scripture we are commissioned as Christians to help, heal, and support others in need. This commission is not merely for a designated group or a specific outreach of the Church. Rather, all of us are called to reach out to those suffering, burdened, sick, and in need, trusting the Holy Spirit to make us capable of responding to one another with compassion, understanding, mercy, and concrete help. In the case of addiction, this may well begin with the ability to see and better understand the disease. This is not an issue the church should feel powerless to help. When Jesus raised Lazarus from the dead, he came out of the grave wrapped in grave linens. Jesus then turned to the disciples and told them they were to unwrap the grave clothes. While Jesus is giving new life to those who ask, sometimes he calls His disciples to help unwrap them from the trappings of death.

Paul also offers in 1 Corinthians:

If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it. And God has placed in the church first of all apostles, second prophets, third teachers, then miracles, then gifts of healing, of helping, of guidance, and of different kinds of tongues (1 Cor. 12: 26).

In this passage, Paul calls on the Corinthians to suffer with one another using gifts of healing, helping, and guidance. The Greek word “to suffer with” that Paul uses here is *sumpaschó*. It is only used twice by Paul, in this verse and in Romans 8:17, where he explains to the Romans that we are all adopted children of God through Christ and will both suffer with Christ and share in His glory. The point here is that as the body of Christ we are adopted sisters and brothers — and are called to be family to one another — where we share in each other’s suffering and glory as we do in Christ’s.

Often, addiction is the manifestation of trauma and co-occurring behavioral health disorders. Understanding the effects of trauma, abuse, neglect, depression and other disorders is not a dark message but a healing one, and who more than Jesus Christ can take a broken life and not only make it new but also redeem all of the challenges and brokenness in our lives?

As such, those suffering with behavioral health conditions and addiction are much more than patients or clients — they are our sisters and brothers in Christ. Few congregations are equipped or called to provide clinical therapy. Congregations can become equipped and are called, however, to provide a place of belonging, a place of nurturing, a place at the Lord’s Table where those struggling with addiction can receive help and guidance as brothers and sisters. That is to say that Christ has made his people capable of Holy Friendship toward those struggling with addiction and its consequences, and, as fellow creatures whose worth and hope is assured by God’s love, those in treatment and recovery have much to offer the congregations who will receive them in friendship and hospitality.

The Crisis

Addiction is a commonly misunderstood and highly stigmatized disease, especially among non-clinicians. It looks very different in different people and often has many causes working together in a given individual. This requires more than a single approach to prevention and treatment. The onset of addiction may occur as a result of trauma (childhood, adult or both), genetics and family history, overuse of legally prescribed opioid pain killers, overuse of illegally obtained opioid pain killers, use of multiple substances, peer influence, and an increasing sense of despair, particularly among working-class males.

More than one third of the opioid addictions in this country began with legally obtained prescriptions under a physician's care. For example, an opioid prescription lasting beyond five days increases the probability to 45% that a patient will be on an opioid one year later according to one study in Arkansas. To address the role that overprescribing is playing in this crisis, people need a more comprehensive understanding of pain.

Addiction is different from physiological dependence insofar as the person addicted will make destructive choices in order to obtain the substances on which they are physiologically dependent. Anyone who takes opioids chronically will experience physiological dependency—that is they will have physiological withdrawal and craving if they do not receive the opioids to which their body has become accustomed. But only a minority of these will develop addiction—that is, will make destructive (often illegal) choices to obtain more opioids. The addicted

person's executive brain function, that part of the brain that helps us control thought and behavior, seems to be disabled, and they will do anything to obtain the substance that they crave. Satisfying this craving avoids withdrawal, which, with opioids, can be grueling and even fatal if suffered in an unsupervised, non-clinical setting.

The current opioid crisis is expected to get much worse and the number of deaths to increase as the proliferation of illegal fentanyl and carfentanyl (the latter is 10,000 times more potent than morphine) continues to expand into user communities throughout the country. China is a major producer of these drugs, and most of the supply appears to be entering the US through Mexico under the supervision of the large drug cartels. Economics are driving the increased distribution of fentanyl in the US: 1kg of heroin from Afghanistan to Mexico costs \$6,000 and generates \$80,000 of revenue on the street in the US; 1kg of fentanyl from China to Mexico costs \$5,000, but it can generate a street value of \$1.6 million in the US. Abuse of fentanyl may become the largest health crisis of our generation.

The opioid crisis claims more than 30,000 lives annually in the US. Combined with other substance use disorders, that number rises to over 50,000 per year or the equivalent of US losses during the entire Vietnam conflict. At the present stage in this national health epidemic, virtually every adult has had a relative, friend, acquaintance or neighbor who has been touched by opioid addiction.

Health care leaders are scrambling to respond to the opioid crisis, but they acknowledge that clinical interventions alone are insufficient to deal with the scale and complexities of opioid overuse and addiction. Indeed, on August 24, 2016, the U.S. Surgeon General sent a pocket card titled, "Turn the Tide Rx," to 2.3 million doctors, nurses, dentists and other clinicians in an effort to address the growing "opioid epidemic." In the *New England Journal of Medicine*, Dr. Vivek Murthy explained the federal government's efforts to decrease the abuse of prescription pain medication, and he emphasized that "the opioid epidemic cannot be solved by government alone. It will require the engagement and leadership of all segments of society, particularly clinicians."

Clinicians are in a tough spot. For decades they have been encouraged to treat patients' pain until the patient says the pain is relieved, whatever that takes. Unfortunately, this practice has contributed to the opioid crisis and its downstream effects in Southern Appalachia and elsewhere. Clinical medicine offers several helpful resources for dealing with opioid dependence, including alternative strategies for treating pain, medication assisted treatment (MAT) programs to facilitate recovery from addiction, and inpatient and outpatient addiction treatment programs managed by behavioral health teams. Unfortunately, however, these resources are often poorly funded and unavailable in many rural areas. In addition, because of the stigma associated with addiction, many patients are hesitant to seek out those clinical programs that are available. At times, religious communities themselves may discourage

patients from seeking out the help that clinical resources can offer, out of worry that patients are treating a spiritual problem with a medical solution.

Opioid abuse is not only a spiritual problem, and it is essential for patients and clergy to know about and be able to make wise and faithful use of available clinical resources. That being said, opioid abuse is also more than a medical problem, and clinical solutions cannot adequately address the brokenness, pain, and trauma that so often accompanies addiction, and which has led some to describe the increase in deaths related to opioid use as "deaths of despair."

Returning to the former Surgeon General's charge, religious communities constitute a prominent segment of society with a front row view of the opioid epidemic, and, importantly, they bring both theological and social resources to respond to its challenges. Unfortunately, to date religious communities have engaged the opioid epidemic almost exclusively by dealing with its downstream consequences, rarely collaborating with health care professionals with respect to the evaluation and treatment of pain or addiction. Moreover, healthcare practitioners are often hesitant to engage religious communities despite their prominence and influence in the areas most affected by opioid abuse. This project aims to help health care practitioners and clergy work together to foster more discriminating uses of opioids as well as wiser responses to both pain and addiction.

Rural Southwest Virginia and Northeast Tennessee

Substance Abuse is a severe problem in Southwest Virginia and Northeast Tennessee. In Northeast Tennessee, 7.17% of youth aged 12-17 were identified as having a dependence or abuse of illicit drugs or alcohol in 2010-2012. In Southwest Virginia, 4% of middle school students and 16% of high school students reported having taken prescription drugs without a prescription in 2013. In the State of Tennessee, 2.3% of residents aged 12 or older were dependent on or abused illicit drugs in 2013-2014. In the Commonwealth of Virginia, approximately 2.5% of residents aged 12 or older were dependent on or abused illicit drugs between 2009 and 2013; 30.4% of treatment admissions in Tennessee in 2014 were for opioids other than heroin. In 2010, prescription opioids were involved in over half of drug-related deaths in Virginia. In Tennessee, the age-adjusted overdose mortality rate increased by 7.7% between 2013 and 2014.¹

A recent doctoral dissertation by Rev. Mark A. Hicks entitled, *Recovery Ministry and its Relationship*

to the Larger Church, explored recovery ministry in one congregation in the Tri-Cities area. Despite the previously mentioned statistics, this study surprisingly found an overt stigma toward the fields of psychology and social services. Participants in a weeknight recovery ministry as well as Sunday parishioners expressed a desire for a faith-based program to focus exclusively on Jesus and avoid references to the field of psychology. In contrast, Church professionals, including pastors, children and youth workers, and others thought that the fields of psychology and social services offered vital insights for responding to addiction.

The Holy Friendship Summit seeks to address this disconnect. Conversations between education, health care, and religious professionals, as well as noted teachers and leaders, will begin to address how Christian leaders can partner with behavioral health professionals to address this crisis in our region, particularly among congregations who are serving those in need in Holy Friendship.

¹ *Ballad Health Population Health Improvement Plan*, Conduent Community Health Solutions, Healthy Communities Institute (2017), p.11

The Conference and Exposition

The goals of this conference will be to explore how members of churches can more effectively promote and support healing through wise use of available clinical resources and, importantly, by exercising Christian practices of care, including lament, forgiveness, hospitality, and friendship. These practices are not included in the typical addiction treatment plan, but they may be just the medicine needed; it may be that belonging to and being supported by a church community is the most promising therapy to combat opiate addiction. In that spirit, the conference will also serve as a networking event to connect clergy and congregants with the broad array of both secular and faith-based addiction treatment service providers throughout the region to promote communication and collaboration.

Faith communities, which in the Tri-Cities are predominantly churches, but also include parachurch ministries, a Jewish synagogue, and an Islamic worship center, will benefit from deeper understanding of what is most and least helpful for bringing healing to those who are broken by opiate addiction. Clergy and congregants will gain a better understanding of their roles in coordinating support with trained and experienced professionals.

Participants will also benefit by developing deeper appreciation for how conversion can occur on a social level just as it does on a personal level, and by gaining a picture of what such conversion looks like. We think, for example, of how the practices of sharing life together through hospitality and *koinonia*, as modeled by our Savior Jesus Christ, can help overcome the stigma and trauma often associated with addiction and behavioral health disorders.

We will impress on attendees that the rate of neonatal abstinence syndrome in Northeast Tennessee is ten times that of the national average 58 per 1,000, compared to a national average of 6 per 1,000, that several of the most notorious pill mills in the country are located within our region, and that morphine usage per person is astronomically higher in our region than in the rest of the country.

In the spirit of hospitality, we will honor each other in a multi-denominational and non-partisan spirit. We intend to provide a wide and welcoming space for those who approach these challenging issues from diverse clinical, theological and political perspectives. We pray that this creative tension will bear fruit in new understanding for all who participate.

But the fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness,²gentleness and self-control. Against such things there is no law. Those who belong to Christ Jesus have crucified the flesh with its passions and desires. Since we live by the Spirit, let us keep in step with the Spirit. Let us not become conceited, provoking and envying each other.

– Galatians 5:22 –25

Exposition

To promote a region-wide networking and collaboration opportunity, an exhibit space will be open to all faith-based and secular behavioral health and addiction service providers, mission and outreach organizations, residential and community-based providers, recovery programs, United Way agencies, Christian and secular college departments

of psychology, social work, and mission, and health care systems and providers encompassing Southwest Virginia and Northeast Tennessee. The Holy Friendship Summit can better pursue its goal of healing the heart of southern Appalachia if it commits to unite education with action.

Post Conference Church Projects

Drawing from the guidance and example of Duke Divinity School's Reimagining Health Collaborative (RHC), a group of teams from local churches will be equipped to engage more fully in God's healing and restoring work through innovative and faithful practices of health and health care related to the opioid crisis. Following the Holy Friendship Conference, we will convene a cohort of congregations who commit to taking new steps to promote opioid abuse prevention, treatment, and recovery.

These congregations will partner with a project facilitator who will help them assess the needs and capacities of their congregations and local communities. These churches will then work within their congregational teams and, with the support of

the project facilitator, discern, design, and implement new programs within their local contexts, meeting together with other congregation teams at regular intervals over two years to learn from one another through shared mission and support. Our goal is not simply to help churches put together a one time event or short lived program, but to deepen faithful and life giving habits, practices, and relationships.

Since every church is different, the timeline for the development of each church's new practices or ministry will also vary. Below is a general framework for the two years that a church participates in this collaborative, which will be adjusted to meet an individual congregation's needs.

Months 1 through 6:

Discern needs and opportunities in their congregational and community context related to the health focus area. Discernment begins with attending The Holy Friendship Summit conference in May and continues afterward with ongoing conversation facilitated by a study guide. Congregations may also begin to build relationships with local community partners.

Months 7 through 12:

Envision new or expanded practices regarding health and illness, with the support of a Reimagining Health Collaborative project facilitator and Duke Divinity School faculty and staff.

Build relationships within the church and with outside partners (other churches, community clinics, non profits, etc.) working on responses to the identified health and illness focus area.

Months 13 through 24:

Enact innovative, faithful and transformative practices to provide Christian support and encouragement to all who suffer within the church and community due to the opioid crisis.

Share stories of emerging habits, practices and relationships with other congregational teams, as well as other churches and faith based institutions engaged in responses to the opioid crisis.

Post Conference Research led by Duke Theology, Medicine and Culture

Project Objectives

A post conference regional research project will be undertaken to identify and overcome barriers that prevent religious communities and medical practitioners from partnering effectively to address opioid abuse and its consequences.

The project has two primary aims. First, we will bring bioethical and theological resources together to address a practical ethical question: In light of the opioid epidemic, how should clinicians, pastors, and support networks of friends and family respond to those who suffer pain? The opioid epidemic requires answers that avoid easy oversimplifications. Within the field of bioethics, the problem with such narrow responses is demonstrated in Eric Cassell's seminal essay, "The Relief of Suffering," where he writes, "[A]dequate pain relief is a hallmark of good care in the sick patient. The proper dose of analgesic is that which relieves pain, something to which only the patient can testify."² Unfortunately, when clinicians routinely prescribe analgesics until patients report that their pain is adequately relieved, use of opioids goes up. The downstream consequences of this practice, particularly in regions such as South Central Appalachia, force us to reconsider the widely accepted bioethical injunction that pain should be treated until it is relieved.

This oversimplified bioethical injunction has roots, historically, in an oversimplified theological goal.

As bioethicist-theologian Gerald McKenny recounts, Western medicine has since the seventeenth century made its goal the relief of human suffering. McKenny calls this the "Baconian Project," after its progenitor Sir Francis Bacon, and demonstrates that the desire to use medicine "to relieve the human condition" stems from religious commitments at work in Protestantism more generally.³ The epidemic of opioid addiction calls for clergy to draw on other theological resources to refine and specify further this singular commitment to the relief of human suffering.

The project we propose encourages clinicians and clergy to reexamine and to qualify these bioethical and theological norms. To do so, they might draw on other insights from medicine. For example, Cassell himself encouraged clinicians to keep their eye on the integrity of the patient in the multiple dimensions of the patient's personhood. In so doing physicians can use opioids with an eye to how these medications preserve or threaten the integrity of the patient's life as a whole. Moreover, Cassell's focus on the one who is sick might provide a criterion to resist overuse of narcotics for pain syndromes for which the category of sickness less clearly applies.

They might also draw on other insights from theology. For example, religious traditions encourage their adherents to utilize medicine in ways that fit theological understandings of human flourishing. In such understandings, clergy and clinicians

² Cassell, Eric. "The Relief of Suffering." *Arch Intern Med* 143 (1983): 522-3.

³ McKenny, Gerald, *To Relieve the Human Condition: Bioethics, Technology, and the Body* (Albany, NY: State University of New York Press, 1997). For the Protestant influence on the Western social imaginary, see Charles Taylor, *Sources of the Self: The Making of the Modern Western Identity* (Cambridge, MA: Harvard University Press, 1992).

have reasons to discourage practices that bring dependency and reduce the patient's agency. Moreover, in responding to human suffering, recovering theological language and spiritual practices that foster patience in the face of pain—by both the patient and those who attend him—can enable transformed relationships with oneself and with others. Finally, through the theological language and spiritual practices of lament, communities can help patients go on despite the absurdity of pain.

The second primary aim of the project is to generate new resources that help clergy and clinicians overcome barriers that keep them from partnering together to address the opioid epidemic. The Surgeon General's pocket card encourages clinicians to adopt a standardized 10-point scale assessment of pain and function, and it suggests using DSM-5 criteria to screen for opioid use disorder, for which clinicians can recommend medication-assisted treatment (MAT). Such clinical rubrics help to prepare clinicians to respond well to pain and opiate abuse, but as the Surgeon General himself indicated, the clinical paradigm is inadequate to the nature of the problem.⁴

Researchers chronicling the stark rise in mortality rates among middle-aged whites without a college degree have coined the term "deaths of despair."⁵ Despair is not a medical term, but it is a term laden with religious meaning, and its prevalence calls for responses from religious communities, particularly in areas such as South Central Appalachia, where religious communities are among the few social institutions capable of responding to abuse and addiction. This project will produce guidelines for

clinicians to help them understand how to interact effectively with religious communities. Such communities can be sites of integrating often isolated clinical encounters with the more holistic context of a patient's life, bringing together medical concerns with the communal, theological, and interpersonal commitments that can make possible long-term healing.

Nor can the opioid crisis be addressed in merely spiritual or theological terms. When clergy preach against abuse of drugs, they often do so without adequate understanding of how pain and addiction work, particularly with respect to opiates. Without that understanding, they will miss opportunities to help their parishioners respond wisely to pain and make discriminating use of medical resources. Moreover, their teaching about addiction may fail to appreciate the impact of trauma, neglect, depression and co-occurring behavioral health disorders. Without that appreciation, their messages may engender shame and stigmatization that make it harder for patients to find the help they need.

This project will produce resources to help clergy and congregants better understand their roles in coordinating support with trained and experienced professionals. These resources will not be merely clinical primers, but will be oriented toward helping them help themselves and their congregants to address the real-world bioethical question: In light of the opioid epidemic, how should I respond to my neighbor (my congregant, my patient, my friend) who is experiencing pain?

⁴ Murthy, 2414.

⁵ Case, Anne, and Angus Deaton. "Mortality and Morbidity in the 21st Century." *Brookings Papers on Economic Activity* (2017).

Publication

The conference and research project will culminate in the creation of a practical theological resource for clergy churches that will help them understand and respond well to both pain and opioid addiction in their communities (Clergy guide). In this task we will follow a model used successfully by the Duke University Institute on Care at the End of Life to produce *The Unbroken Circle: A Toolkit for Congregations Around Illness End of Life and Grief*.

The Tri-Cities consortium will hire a professional writer to produce a similar resource focused on pain and opiate addiction. Whereas Duke's TMC Initiative will work with the writer to put forward an accessible account of theological concepts and practices relevant to pain and addiction, clinician leaders in the Tri-Cities will work with the writer to

put together an accessible clinical account of pain and opiate addiction. With respect to the latter, Andrea Clements, PhD, Professor of Psychology at East Tennessee State University, will take the lead. Dr. Clements is the Immediate Past Chair of the Spirituality and Health Special Interest Group of the Society of Behavioral Medicine. In that role, she and other SIG members published a paper on the current status of religiosity and health research to date, for which she was primary contributor on the topic of religion and substance abuse. She is currently working on an article for the *Journal of Developmental Psychobiology* scrutinizing what she argues has become overuse of medication assisted treatment (MAT; e.g., suboxone, subutex, methadone) for opiate addiction.

Project Leaders

Principal Investigator: Farr Curlin, M.D., Duke University

Mentored Co-Investigator: Brett McCarty, M.Div, Th.D., St. Andrews Fellow in Theology and Science, Duke Divinity School

Co-Investigator: Joel Shuman, M.T.S., Ph.D., King's College

Regional Coordinator: Andi Clements, Ph.D., East Tennessee State University

Conference Program

Dates

Friday, May 18th 9:00AM – 5:30PM

Saturday, May 19th, 2018 9:00AM – 3:00PM

Target Audience

Clergy and Laypersons

College and University Professors and Students

Behavioral Health, Physicians, Nurses and Allied Health Professionals

The objective is to have 1,000 clergy and lay delegates representing 500 churches in Southwest Virginia and Northeast Tennessee.

Conference Goals

The goals of this conference are to:

Provide a Biblically-inspired **Call to Action** issued by highly respected plenary speakers, clinicians, clergy and theologians. People need a reason to become engaged,

Provide a menu of **Action Plans** and **Church Toolkit** that can be deployed at the local congregational level. Congregants and pastors will be offered strategies that they can tailor to their congregations' unique spiritual location, demographics and community culture,

Build Awareness. As primary conference themes, we will (1) highlight the role of **trauma** in addiction, (2) challenge **stigma** and promote **destigmatization** by demonstrating that addiction is a problem faced by all people regardless of race, creed, or socioeconomic status, and (3) explore the **Rx opioid problem** both in regard to pain relief and opioid use disorder,⁶

Offer a dynamic **Networking Exposition** to promote and connect faith-based, public, and private resources for preventing, treating, and cultivating recovery from addiction.

⁶ We will impress on attendees that the rate of neonatal abstinence syndrome in Northeast Tennessee is ten times that of the national average 58 per 1,000, compared to a national average of 6 per 1,000, that several of the most notorious pill mills in the country are located within our region, and that morphine units per person are astronomically higher in our region than in the rest of the country.

Conference Program

Friday

8am – Registration and Breakfast (Donated by Chick Fil A)

9am – Opening Session

Welcome and Introduction – Roger Leonard & Lottie Ryans

Welcome from Celebration Church – Pastor Russell

Worship – Adoration Worship Band

Opening Prayer and Call to “Come to Jesus and be the Church” – Marvin Cameron

Video greeting – VADM Jerome Adams, Surgeon General of the United States

Overview of the Summit – Andi Clements and Farr Curlin

10am – Break

10:15am – Breakouts

10:15am – Breakouts: Understanding the problem better

10:15am – Breakout 1: Understanding the opioid crisis as Christians

Presenters: Brett McCarty (moderator), Todd Whitmore, John Swinton, Mark Hicks

10:15am – Breakout 2: What to do with pain?

Presenters: Farr Curlin (moderator), Joel Shuman, Alan Meade, and Ray Barfield

10:15am – Breakout 3 – Understanding trauma and its role in addiction

Presenters: Andi Clements, Becky Haas

11:15am – Break

11:30am – Plenary: Re-membering Pain

Introduction – Farr Curlin

Speaker – John Swinton

Local respondent – Phil Kenneson

12:30pm – Networking Exposition and Lunch (Donated by Chick Fil A)

1:45am – Breakouts

1:45pm – Breakouts: What can be done?

1:45pm Breakout 1: Different options for treating different forms of addiction

Presenters: Andi Clements, Jason Abernathy, Warren Kinghorn

1:45pm Breakout 2: How does the church support people dealing with addiction?

Presenters: Mark Hicks, Harry Howe

1:45pm Breakout 3: Breakout 2 - Helping Youth Struggling with Addiction

Presenters: Tim Perry, Nina Hancock

2:45pm – Break

3:00pm – Plenary

Worship – Adoration Worship Band

Surgeon General Video

Andy Crouch – *In Weakness, Strength*

4:00pm – Break

4:15pm – Plenary Panel: The Power of Holy Friendship to Reshape and Reclaim our Lives

Moderator – Roger Leonard

Panel members – TBD

Saturday

8:00am – Registration and Breakfast (Donated by Chick Fil A)

9:00am – Plenary: Reclaiming Broken Bodies: Reflections on the opioid crisis from an Appalachian theologian and former clinician to coal miners

Worship – Adoration Worship Band

Introduction – Farr Curlin

Speaker – Joel Shuman

Respondent – Tal Stanley

10:15am – Break

10:30am – Workshops

10:30am – Workshop 1: Healing is possible: Stories and pathways to recovery

Presenters: Monty Burks, Zac Holt, 2 Peer Recovery Specialists

10:30am – Workshop 2: You can help! Everyday action steps for ordinary Christians

Speakers: Andi Clements, John Swinton (tentative), other(s) TBD

10:30am – Workshop 3: Get involved! Join local ministries that support those affected by the opioid crisis

Presenters: Audra Morrow Director of Safe Families; Maurice Widener, TN Dept. of Corrections Chaplain, NE Correctional Facility; Ashton Belcher, Chair, TN Reentry Collaborative (TREC)

11:45am – Networking Exposition and Lunch (Donated by Chick Fil A)

1:30pm – Final Plenary: In Weakness, Strength

Worship – Adoration Worship Band

Introduction – Andi Clements

Speaker – Rebekah Fetzer, Susannah's House, Knoxville, TN – *Helping the Babies by Loving the Moms*

Closing Comments – Andy Crouch and Roger Leonard

Closing Prayer – Vincent Dial

3:00pm – Adjourn

Conference Sponsorship

The conference organizers are soliciting sponsorships of \$25,000 from regional and statewide business leaders and foundations. Sponsors will receive the following recognition:

- Listed in the conference program
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- Acknowledged at press events
- Acknowledged in the book to be written by Katelyn Beaty.
- Banner recognition in the three main meeting rooms

Conference Proposal Contributors

This proposal has been developed based on conversations with and written contributions from The Holy Friendship Steering Committee. Additionally, we wish to thank the many people who participated in conversations at the Bristol and Johnson City United Ways with Dr. Ray Barfield and attended his presentations at Bristol Regional Medical Center, Holston Valley Medical Center, and The Niswonger Children’s Hospital at Johnson City Medical Center in May and June 2016. We are indebted to our United Way Executive Directors and the management teams at Ballad Health, then Mountain State Health Alliance and Wellmont Health System, for arranging those presentations and meetings. Those conversations were the genesis of this initiative.

Conference Organizer

The Summit Companies has agreed to serve as the conference organizer. The company will only charge out of pocket expenses for these services. The Summit Foundation will serve as the legal and financial entity for the conference. All budgets, commitments, expenses and fundraising plans will be approved by the steering committee. Steering committee member Mr. Wally Boyd, who will serve as conference treasurer. Please direct all inquiries to info@holyfriendshipsummit.com.

Our special thanks to Summit Marketing for preparing these materials.

Confirmed Academic Speakers, Moderators and Panelist



Ray Barfield joined the faculties of Duke’s Medical School and Divinity School in 2008. He is married to Karen Barfield, who is an Episcopal priest. Ray and Karen have two children, Micah and Alexandra. Dr. Barfield came from St. Jude Children’s Research Hospital, where his research and practice focused on improving immune therapies for childhood cancer (including bone marrow transplantation and antibody therapy), and understanding the moral aspects of decision-making in medical research involving children. At Duke he has turned much of his effort towards bridging activities in theology and medicine. On the medical side of campus he continues to practice as a pediatric oncologist, and he directs the Pediatric Quality of Life/Palliative Care program, a program that combines medical care, education, and research to benefit children with complex, chronic, or potentially life-limiting disease. In the Divinity School he develops courses and programs that address topics at

the intersection of theology, medicine, and culture. He also teaches courses in Christian philosophy. He has over ninety publications in medicine, philosophy, and poetry. His books include *The Ancient Quarrel Between Poetry and Philosophy* (Cambridge University Press), a book-length collection of poetry called *Life in the Blind Spot*, and a novel called *The Book of Colors*. Ray received his BA from Rhodes College in Philosophy; Master and Doctor of Philosophy as well as his Doctor of Medicine degrees from Emory University.



Katelyn Beaty is an Ohio Native, oldest child and INFJ. She graduated from Calvin College and studied Theology at Oxford University. Her first job was copy editing for *Christianity Today* magazine where she would go on to launch a women’s website, Her.meneutics, and become the magazine’s youngest and first female managing editor. She has written for The Washington Post, The Atlantic, and The New York Times and have commented on faith and culture for CNN, ABC, NPR, the Associated Press, Religion News Service, the Canadian Broadcasting Corporation, and McClatchy Newspapers. In 2016, she published *A Woman’s Place*, a book about work, vocation, and identity, which came out in 2016 from Simon & Schuster / Howard Books. She speaks regularly on faith and work, women’s vocation, writing, and evangelicalism. From The Holy Friendship Summit conference and the post conference research, Katelyn will write a resource guide on the opioid crisis for clergy, congregations and clinicians.

Speakers



Andy Crouch helps people connect culture, creativity, and the gospel. His two most recent books—2017’s *The Tech-Wise Family: Everyday Steps for Putting Technology in Its Proper Place* and 2016’s *Strong and Weak: Embracing a Life of Love, Risk and True Flourishing*—build on the compelling vision of faith, culture, and the image of God laid out in his previous books *Playing God: Redeeming the Gift of Power and Culture Making: Recovering Our Creative Calling*. Andy serves on the governing boards of Fuller Theological Seminary and the Council for Christian Colleges and Universities. For more than ten years he was an editor and producer at Christianity Today, including serving as executive editor from 2012 to 2016. He joined the John

Templeton Foundation in 2017 as senior strategist for communication. His work and writing have been featured in *The New York Times*, *The Wall Street Journal*, *Time*, and several editions of Best Christian Writing and Best Spiritual Writing—and, most importantly, received a shout-out in Lecrae’s 2014 single “Non-Fiction.” From 1998 to 2003, Andy was the editor-in-chief of *re:generation quarterly*, a magazine for an emerging generation of culturally creative Christians. For ten years he was a campus minister with InterVarsity Christian Fellowship at Harvard University. He studied classics at Cornell University and received an M.Div. summa cum laude from Boston University School of Theology. A classically trained musician who draws on pop, folk, rock, jazz, and gospel, he has led musical worship for congregations of 5 to 20,000. He lives with his family in Pennsylvania.



Dr. Warren Kinghorn, Duke University, Professor of Psychiatry and Theology, Dr. Kinghorn is a psychiatrist whose work centers on the role of religious communities in caring for persons with mental health problems and on ways in which Christians engage practices of modern health care. Jointly appointed within Duke Divinity School and the Department of Psychiatry and Behavioral Sciences of Duke University Medical Center, he is a staff psychiatrist and clinical teacher at the Durham VA Medical Center. Within the Divinity School, he works closely with students and faculty members interested in exploring the ways in which theology and philosophy might constructively inform Christian engagement with modern medicine and

psychiatry. He is also co-director of the Theology, Medicine, and Culture Initiative. His current scholarly interests include the moral and theological dimensions of combat-related post-traumatic stress disorder, the applicability of virtue theory to the vocational formation of pastors and clinicians, and the contributions of the theology and philosophy of St. Thomas Aquinas to contemporary debates about psychiatric diagnosis, psychiatric technology, and human flourishing.



Dr. Philip Kenneson, Associate Dean of the School of Bible and Ministry; The Kenneth E. Starkey Chair of Bible and Christian Ministries; Professor of Theology and Philosophy; Area Chair of Biblical Learning. Kenneson holds a bachelor of arts degree in English and history from Butler University (1981), a master of divinity degree from Emmanuel Christian Seminary (1986) and a doctorate in theology and ethics from Duke University (1991). For 26 years, he has had the privilege of teaching Milligan's capstone course, "Christ and Culture," to graduating seniors. He is the author along with James Street, of *Selling Out the Church: The Dangers of Church Marketing* (Abingdon Press, 1997); *Beyond Sectarianism: Re-Imagining Church and World* (Trinity Press, 1999); and *Life on the Vine: Cultivating the Fruit of the Spirit in Christian Community* (1999), which has been translated into Spanish, Chinese, and Korean. He serves on the board of *The Ekklesia Project*, an ecumenical network of scholars, pastors, and lay persons seeking to support discipleship in local congregations. He also serves as the director of The Ekklesia Project's Congregational Formation Initiative, for which he has co-authored *The Shape of Our Lives and The Shape of God's Reign* (Wipf and Stock, 2008).



Joel Shuman, MTS, PhD, is Professor of Theology, King's College, Wilkes-Barre, Pennsylvania. Joel will play a lead role in the project as a whole helping in particular to calibrate the Clergy Guide. Before pursuing doctoral studies in theology, Dr. Shuman practiced physical therapy for several years. As a clinician, he worked extensively with patients who experienced acute and chronic pain, including a significant number of coal miners who had been injured while working in the mines. Joel brought his clinical experience and his longstanding interest in the body to his work as a theologian, where he writes about human embodiment as a social, ecological, and medical phenomenon. He has written three books addressing the intersections of theology and medicine, including *The Body of Compassion* (Westview, 1999), *Heal Thyself* (Oxford, 2002, coauthored with Keith Meador, M.D.), and *Reclaiming the Body* (Brazos, 2006), a co-authored book with Brian Volck, M.D., which is written to be accessible to clinicians and clergy and it is widely taught in undergraduate and graduate courses in medical ethics, including at Duke University. Importantly, Joel grew up in West Virginia and has spent a significant portion of his life in Appalachia. He is deeply and personally familiar with the social, political, economic, and religious context in which the opioid epidemic is taking place. His upbringing on a subsistence farm and his ongoing interest in the connections among human health and the health of the places we live has brought him into conversation with Wendell Berry and other agrarian thinkers, and he co-edited the volume *Wendell Berry and Religion: Heaven's Earthly Home* (Kentucky, 2009). A United Methodist layperson, Joel has preached in a number of churches in Central Appalachia.



Tal Stanley MDiv, PhD, is a tenth-generation Southwest Virginian, Tal Stanley grew up in Dublin, in Pulaski County. He lives and works at Emory & Henry College where he is the Director of the Appalachian Center for Civic Life, Chair of the College's Department of Public Policy and Community Service, and Director of the Bonner Scholars Program. He also directs the Master of Arts program in Community and Organizational Leadership. He has written articles, reviews, and commentaries that have appeared in the *Appalachian Journal*, the *Journal of Appalachian Studies*, *Practicing Anthropology*, and various other academic and general interest publications. His book, *"The Poco Field: an American Story of Place"* was published

by University of Illinois Press..



John Swinton BD, PhD (Aberdeen), RMN (Registered Mental Nurse), RNMD (Registered Nurse for People with Learning Disabilities), is a Scottish theologian. He is the Chair in Divinity and Religious Studies at the School of Divinity, History, and Philosophy, University of Aberdeen. John is founder of the university's Centre for Spirituality, Health and Disability. John is an ordained minister of the Church of Scotland and Master of Christ's College, the university's theological college. Swinton is a major figure in the development of disability theology. In 2016, he was awarded the Michael Ramsey Prize for theological writing for his book *Dementia: Living in the memories of God*. In 2012 Swinton was appointed Master

of Christ's College in Aberdeen by The Church of Scotland. In 2014, he established the Centre for Ministry Studies, a joint project between Christ's College and the University of Aberdeen. It provides a broad range of education and training for both lay and ordained people.

Other speakers, panelist and moderators include:

Marvin Cameron, DMin, Andi Clements, PhD, Farr Curlin, MD, Becky Haas, Mark Hicks DMin, Roger Leonard, Brett McCarty, ThD, Tim Perry, ThD, and Lottie Ryans. Please refer to their bios under Steering Committee, below.

Steering Committee



Wally Boyd is a lifetime resident of Kingsport. He graduated from DB and attended Wake Forest University completing a BA in Religion and Masters in Business. He worked for 20 years with Oakwood Markets, his family's retail business. His career has included running a non-profit and several other smaller businesses. He was elected twice to the Kingsport City School Board, and served several years on the Sullivan County Election Commission. He currently manages and sells commercial real estate. Other interests include golf, music and songwriting. He and Jan have been married 43 years and have three children, and 5 wonderful grandchildren.



Becky Haas develops and implements Community Crime Prevention Programs for the Johnson City Police Department and is the author of *Your City is Waiting on You*. Among these programs was the creation of the Day Reporting Center (DRC) which was the first probation program of its kind in the state of Tennessee. Upon completion of the TCCRP grant, the TN Department of Corrections assumed responsibility for the DRC and is currently replicating it across the state. Also a result of the TCCRP one high crime neighborhood experienced a 41% reduction in 911 calls. In 2014 the TCCRP won national recognition by receiving the prestigious, "Outstanding Criminal Justice Program of the Year Award" for the southern region from the National Criminal Justice Association. Prior to coming to the Police Department, Becky worked at East Tennessee State University where she served as the Institutional Review Board Medical Coordinator providing guidance related to human subject safety compliance for medical research conducted at ETSU, the Veterans Administration and Mountain States Health Alliance. Becky has been married to Jonathan for 32 years and their greatest joys in life are their two sons David, 29, his wife Katie and Christopher, 26 along with his wife Stacy and their first grandchild, Paisley.



Marvin Cameron has been senior pastor of First Baptist Church in Kingsport since 2001. He was converted as a nine-year old in Vacation Bible School. His conversion followed an upbringing in a Christian home where he had learned about God and His Word since he was a toddler. He vividly remembers the moment when he knew that Christ was his Savior and that his sins had been forgiven. His mother took him home where he told his dad of his encounter with the living Christ. Marvin has never forgotten the excitement of that evening as his family drew together in a prayer of thanksgiving. His call to ministry was more gradual. He began to feel God's pull on his life while he was on a Youth Mission Trip to New York City. He knew that God had something for him to do on His behalf. Over the next few years God revealed to him that my calling was to pastor in the context of a local

church. That calling has been re-affirmed throughout his life since that evening when he first felt God's call in New York. God has been faithful to that calling that began almost three decades ago. Marvin holds a bachelor's degree from Union University, and both a Master of Divinity and a Doctor of Ministry from The Southern Baptist Theological Seminary. He has been a member of the boards of directors for Carson-Newman College, Holston Valley Medical Center and Wellmont Health System. He has a keen interest in recovery.



Andi Clements is a full professor at ETSU in the PhD granting Experimental Psychology program. Professionally, she teaches research methodology, measurement, and supervises graduate and undergraduate students who conduct research. She is currently conducting a grant-funded trauma informed care intervention project at a local after-school program, and previously collaborated on a longitudinal pregnancy smoking cessation intervention project. Becky Haas and Andi have taught about ACEs and trauma informed care to over 1400 individuals in more than 30 trainings over the past 18 months. Much of her research has been in the area of religion/health connections, and she is particularly interested in the influence of faith community involvement in addiction. Andi has published in the areas of religiosity, health, and substance abuse in prestigious peer reviewed journals. She, her husband and several other couples planted a church in a low income area of Johnson City about four and a half years ago (Christ-Reconciled Church), and many of her waking hours are spent loving "the least of these" in Jesus' name!



Farr Curlin is Josiah C. Trent Professor of Medical Humanities and Co-Director of the Theology, Medicine, and Culture Initiative (TMC) at Duke University. Dr. Curlin's ethics scholarship takes up moral questions that are raised by religion-associated differences in physicians' practices. He is an active palliative medicine physician and holds appointments in both the School of Medicine and the Divinity School, where he is working with colleagues to develop a new interdisciplinary community of scholarship and training focused on the intersection of theology, medicine, and culture. His favorite place to be is on a ranch in Oklahoma with his sons, along with a close friend of his and his friend's sons.



Mark Hicks holds a Bachelors Degree in Psychology from Carson-Newman University; a Masters of Divinity from The Southern Baptist Theological Seminary; a Masters in Mental Health Counseling from the University of Tennessee; and a Doctor of Ministry from Asbury Theological Seminary. He completed his doctoral dissertation on the topic of "Recovery Ministry and it Relationship to the Larger Church." Mark has been a pastor in the Holston Conference of the United Methodist Church since 1999. Since 2010, he has served as Associate Pastor at State Street United Methodist Church. Mark's primary roles at State Street United Methodist are to oversee the mission and education programs as well as serving as Director of Recovery at Bristol, the churches recovery ministry. Mark and his wife Heather have three sons ages 16, 18, and 20.



Susan LaGuardia currently serves as Initiatives Manager for the United Way of Greater Kingsport. In this role, she coordinates the all-important community impact work of the UWGK Vision Councils and initiatives adopted by the UWGK organization and other related community impact initiatives and task forces as determined. Susan was born and raised in Harriman, Tennessee, and earned a Bachelor of Science degree in Psychology with Honors from the University of Tennessee in Knoxville. Prior to joining the UWGK staff, Susan was Executive Director of Kingsport Tomorrow from 2005 – 2014. Susan has been recognized regionally by the YWCA Bristol as a recipient of their 2009 Tribute to Women Award in the area of Community Service / Volunteerism

and the 2011 Shining Star Award for advancing into Kingsport YWCA programs that empower women and eliminate racism. She is a Paul Harris Fellow of Rotary International and received the Marie Schulken Award in 2015 for most outstanding Sustainer of the Junior League of Kingsport. Susan is an active member of First Broad Street United Methodist Church where she serves on the Altar Guild and was a Trustee.



Roger Leonard is a senior advisor to England and Company serving the electrical technology and service industries, and a managing director for The Summit Companies serving regional businesses and not for profit organizations. Roger previously served as president and chief operating officer for Electro-Mechanical Corporation. For the past three and half years leading up to the creation of Ballad Health, Roger was chair of the board of directors for the Wellmont Health System. He is also past chair of the United Way of Bristol, Crossroads Medical Mission, the Bristol Public Library Board of Trustees and Foundation and the Hands On! Regional Children’s Museum. Roger is currently a member of the Board of Visitors for Duke

Divinity School. He holds a BS in Operations Management from the University of Tennessee, a Master of Business Administration from Wake Forest University, a Master of Theological Studies from Duke University and completed both the Harvard Business School’s Program for Management Development and World Cast Angler’s Fly-fishing Guide School



Brett McCarty M.Div, Th.D., St. Andrews Fellow in Theology and Science, Duke Divinity School His scholarship focuses on questions of agency at the intersection of theology and modern medicine. He currently is pursuing a two-year postdoctoral fellowship at Duke, where he will investigate the theological and philosophical assumptions present in modern pain management, with particular attention to the roles that religious communities can play in the current opioid crisis. He enjoys playing baseball with his son, Micah, and talking education and healthcare with his wife, Dana, who teaches physical therapy at UNC Chapel Hill.



Alan Meade is currently Director of Rehab Services at Holston Medical Group in Tri-Cities Tennessee and Southwest Virginia, a position he has held for 20 years. In this role, Alan has participated in Holston's development of an Accountable Care Organization, and has been involved in developing a variety of value-based payment arrangements with several insurers. Alan is an active member of the Tennessee Physical Therapy Chapter, currently serving as President of the Tennessee Physical Therapy Association. He served as the TN. PT Licensing Board Consultant for 18 years in areas of Investigation, Foreign-Educated issues, and Continuing Competency. He is Adjunct Faculty at East Tennessee State University's Physical Therapy Program. He

is very active in his community with the Covenant Counseling Center, Kingsport Parks & Recreation Advisory Committee and at First Baptist Church serving in many leadership roles. Alan has a Bachelor of Science in Physical Therapy degree from the University of Tennessee Center for Health Sciences, a Bachelor of Science degree in Community Health Education and Masters in Public Health and Industrial Education from East Tennessee State University. In 2012 he completed his Doctorate of Science in Physical Therapy (ScDPT) at the University of Tennessee Health Science Center.



Gary Metcalf, serves as the Corporate Director for the Center of Spiritual Health at Ballad Health. He has worked as the System Director for Spiritual Care and Parish Nursing at the Wellmont Health System as well as the Corporate Director of Spiritual and Pastoral Care at Mountain States Health Alliance. In his present position, he also provides direction and leadership to the Center for Diversity at Ballad Health. Rev. Metcalf earned his Doctorate of Ministry from Drew University Theological School with a project entitled, "Spiritual Triage". He earned a Certificate in Patient

Counseling while studying Clinical Pastoral Education at Virginia Commonwealth University Hospitals in Richmond, VA. Gary earned his Masters of Divinity from Southeastern Baptist Theological Seminary and his BS-Forestry from the University of Tennessee. He has taught courses at King University as well as Emmanuel Christian Seminary. Gary is a Board Certified Chaplain and Certified Christian Leadership Coach with Coach Approach Ministries. His community service has included serving on the 211 Contact Concern and Interfaith Hospitality Network boards. He presently serves as president of Covenant Counseling Center Board of Directors and a spiritual counselor for Providence Clinic. His study and passion through the past few years has been to develop a program where faith and medicine reunite for everyone's good health.



Tim Perry is a Licensed Professional Counselor with Mental Health Service Provider status and a Board Certified Clinical supervisor. Tim has a doctorate of Theology and a Masters in counseling. He is also Nationally Certified Domestic Violence and Forensic Specialist. Tim holds a Tennessee State Certification as a Critical Incident Stress Debriefing Instructor with Emergency Management Status with the American Red Cross. He is the Division Director for Children and Youth Services with Frontier Health and the Clinical Coordinator of Trauma Services for children. He was appointed by the Tennessee Commissioner of Mental Health to serve for a three-year term on the Executive Planning Council for the Tennessee Department of

Mental Health and Substance Abuse Services and as Chair for the Region 1 Planning and Policy Council for the Department. Tim loves to be out in nature, hiking, and raising horses.



Lottie Ryans is the Director of Workforce Initiatives for the First Tennessee Development District. She is also co-owner of Perfectly Planned, LLC, an event planning company serving the Tri Cities area. Ryans' professional history includes a 32 year telecommunications career. She retired in 2015 after serving as Vice President and General Manager for CenturyLink's Western North Carolina/Tennessee Division.

Her civic history includes being a three term elected member of the Johnson City Board of Education including service as board chair. Some of her current board positions include Blue Cross Blue Shield of Tennessee, the Northeast Tennessee Workforce Development Board, ETSU and Northeast State Foundation Boards, and service on Milligan's President's Executive Council. She served two years on the State Workforce Board in a position appointed by Governor Haslam. She also has served as chair for the Johnson City Chamber and the Washington County Economic Development Council. Ryans has been honored by numerous local and national organizations. She is a lifelong resident of Johnson City, and a graduate of SHHS and UT, Knoxville. She and her husband Eric will celebrate their 35th anniversary in June and are the proud parents of 3 daughters. They are active members, deacons and missions team leaders at Calvary Church.



Teresa R. Viers, is currently the Development Director for Substance Use at Highlands Community Services. She has 12 years experience working with substance use and mental health population. Teresa has a Masters in Education and is a Licensed Professional Counselor, Certified Substance Abuse Counselor and Master Addiction Counselor. She is certified in Moral Recognition Therapy (MRT) and Eye Movement Desensitization Reprocessing (EMDR). Recently received certification for Peer Recovery Supervisor with Department of Behavioral Health. She is a team member for Bristol City Drug Court, Washington County Drug Court and Federal Re-Entry Court. Teresa is a member of the Appalachian Substance Abuse Coalition (ASAC), Washington County

Substance Abuse Coalition (WCSAC) and Highlands Community Collaborative Council (HCCC) and serves as a chair for the executive committee. Additionally, Teresa was an adjunct professor for Lindsey Wilson School for Professional Counselors, Columbia KY and King University, Bristol, TN.



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