

Unity Fellowship Church Movement

HEALTH & WELLNESS NEWSLETTER

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UFCM EXTERNAL DEPARTMENT



HEALTH & WELLNESS INITIATIVE

TO SUPPORT THE WHOLISTIC HEALTH OF UNITY FELLOWSHIP CHURCH MOVEMENT AND THE COMMUNITITES THEY SERVE.

UFCM House of Bishops- Beatitude Bishop Zachary G. Jones – Sr. Bishop Jacquelyn D. Holland - Bishop Harris Thomas

DISCLAIMER: The Unity Fellowship Church Movement's Health Innovative wants our readers to know the views and testimonials shared are that of our writers. Please consult your medical providers with health concerns.

IS THERE A HEALTH ISSUE YOU WOULD LIKE TO SEE ADDRESSED THROUGH THE UFCM HEALTH & WELLNESS IINIATIVE?
PLEASE SEND IT TO: gjerrilee@gmail.com

WELCOME TO WELLNESS

This is your first step to healthier living. Unity Fellowship Church Movement Health and Wellness Initiative encourages you to move in the direction of self-care, self-love, and wellness.



Anniversary Edition



ANNIVERSARY STATEMENT

Reverend Jerri Mitchell-Lee

The formal announcement was made during the Unity Fellowship Church Movement Ordination Service in 2019, establishing the UFCM Health Initiative. During the first year of its existence COVID limited the work of the Health Initiative to presentations online/zoom/ and Facebook live. The alternative ways of promoting healthy living kept people informed about many health concerns and specific COVID Health Issues. The UFCM Health Initiative continues to emphasize preventive health care.

In March 2020 the first issue of the UFCM Health Initiative Newsletter was published. As we celebrate our second year of publication, the UFCM Health Initiative would like to thank the many writers who have submitted articles from a personal and professional perspective. And the readers who keep us encouraged. As we collaborate with community and medical facilities across the country, we can provide meaningful and accurate health information. We look forward to many more years of publications and health education, as well as providing ways of supporting quality health care in a variety of communities and houses of faith.

A special thank you and shout out to Unity Fellowship Church Movement House of Bishops, Elder Gerald Green and Bishop Harris Thomas, for your continued support in making this happen.

SPECIAL THANKS TO our PUBLISHER, Reverend Cheryl Bragg and Whosoever Music.

FDA SAFETY PRECAUTIONS

Pastor Cecelia Caldwell, RN, MA

“On a mission to keep the Movement Safe”

The U.S. Food and Drug Administration is issuing warning letters to firms for selling fraudulent products with claims to prevent, treat, mitigate, diagnose COVID-19, cancer and other diseases. They are actively monitoring any firms marketing products with fraudulent prevention and treatment claims. The FDA is exercising its authority to protect consumers from selling unapproved products and making false or misleading claims, by pursuing warning letters, seizures, injunctions or criminal prosecutions against products and firms or individuals that violate the law.

At best, the products could have no effect on the patient; at worst they may pose a danger to a patient who takes them. Not only will they not do what they claim, but the ingredients in these products may also interact with, and potentially interfere with, essential medications. Furthermore, these products have not been evaluated by the U.S. Food and Drug Administration (FDA) for safety and effectiveness.

- Be very careful about offers for medicines, supplements, or other treatments on-line: Always seek the advice of your health care professional first.
- Be careful ordering on-line cure supplements requiring your personal info, credit card, and social security number.
- ALWAYS get independent advice if an offer involves significant money, time, or commitment.
- Read all the terms and conditions of any offer carefully: they can charge your credit card on a re-curing basis.

While relevant and good quality health information can be found, it is important to guard against misleading and ill-informed medical advice that potentially poses significant risks.

Technological innovations and new research, fuels discoveries and contribute to medical advice, diagnosis, and treatment in new directions. However, not all available health information follows this process, with some from questionable sources advertising “miracle cures” or novel treatments without any verifiable, scientific evidence to support such claims.

Any diagnosis can be life-changing and highly emotional engendering fear as well as the need for hope. This means that patients and their families may be particularly vulnerable.

The anti-vaccine movement is one example of information, and one that can have serious consequences in cancer control, as the vaccination against the human papillomavirus (HPV), for instance, can largely prevent several cancers, notably cervical cancer, and hepatitis B vaccines can help prevent liver cancer.

The National Cancer Institute, in partnership with the American Journal of Public Health, published “Health Misinformation.” The report examines the prevalence of misinformation and the consequences of exposure to false claims.

Healthcare is a model that recognizes the interconnectedness of our social, physical, Spiritual and psychological health and promotes an understanding that all three are necessary for wellness.

The 5th Anniversary of My Mental Health Suicide Survival

Adaryll Moore

Wow! As I sit here and reflect on my roller coaster ride on the Mental Health Coaster, I remember quite vividly when I had the initial nervous breakdown/mental health crisis back in 2009 while living in Dallas, TX. My goodness! What a day! What a day! I never imagined or would have guessed that I, the “Altogether” Adaryll Moore would have been in that position, let alone would have wanted to end my life. My sexual abuse trauma had bombarded my life and bloomed all in me and out of me. Those 14 years of sexual rape and molestation that occurred daily by 10 different men that I had not dealt with said, “Here I am, and it is time to deal with me and remember me.” I was just bombarded with crying

spells continually, deep sadness, hopelessness, fear, loneliness, and a host of other unwanted emotions. I had no idea what to do, because I had never faced that type of emotional breakdown and phase of depression with total devastation, nor did I know anything about mental health education. That was not discussed in the Black community, my school, nor my home. Now, yes, I heard of counseling, people committing suicide, and depression, but never the true education of them in depth, as well as the ins and outs of mental health. Chile, please!

Well, that was the start of my life being spiraled out of control. Now, looking back to about 2004, I can recognize some signs now that I have education about this Mental Health thang. However, nothing was being dealt with or recognized, because I was very functional with much dysfunction but functioning. I found out later that was the start of it, and when 2009 drove up, my life and mind said no more can I take Adaryll. I remember in 2008 when I lived in Suitland, Maryland isolating myself from friends and the world and feeling hopeless, but I just shook it off not thinking much about it. However, looking back that was the major sign and the start of breakdown mode with severe depression.

Hence, 2010 arrives and I was on mental health medication for about a year and going to counseling every week for the various diagnoses they diagnosed me with, then Bammmmm, I faced my first suicide attempt. I then woke up in hours wondering why I was still on this Earth. So, I then acted and pulled myself up by my bootstraps and started my life over again. I was doing good for myself and released my 3rd book that year and was working a good job. Then, in 2012 I took a dive down, then up, then down and down. I started moving all around again like I did prior to 2009 from place to place and city to city and state to state. In 2013, I had my 2nd suicide attempt and that one was truly a cry for help and a sense of wanting to be rescued. I was taken to the hospital that time because I had overdosed on pills and was out of it. Some friends came over and folks were contacted etc. After that whole experience, I got myself back together again and made some moves to begin again. I then faced some more mental health challenges and somewhat of crisis/mental health breakdown. I was up and down. I felt somewhat of a breakthrough take place, and in 2016, I had a new start and was doing well until 2017 when I had a crisis but shook that one off so I thought.

Fast forward to the end of January of 2018, I had my 3rd suicide attempt, well, I actually did it and died. Undenounced to me, someone found me in my car which is where I did it at in the parking lot of the job I worked at the time. 30 days later, I came to, and I missed all those days of my life due to being sedated.

January 29, 2023, marked the 5year anniversary of my being suicide attempting free, and I finally see that I am here for a reason. Although I still deal with and fight to keep my mental health intact, I still faced the battles with it. I came close last year of feeling like I wanted to end my life, and I finally had the strength to say to myself, "No Way! Not today! Do You Remember 2018?" So, I rode that crisis and breakdown train for a few days, then I got my ass up and out of that bed. For you see, I am diagnosed

with Bipolar, which I have come to learn through my lengthy experience with Mental Health that it is a form of depression where there are manic episodes and deep down, down depressive episodes and not what those who are ignorant try to describe it as. I am not crazy! I am not moody or evil/angry because I have it. I can live through it and with it while at the same time being functional and successful. I just and must take care of myself and my mental health by taking my medication, which I learned is nothing to be ashamed of, and see a counselor. While at the same time having a support system in place. Just like someone takes medication for high blood pressure, I must take it for my thriving mental health. So, yes, I am diagnosed, and yes, my sexual abuse, my physical abuse, my emotional abuse traumas play the part of this, well is the whole part, but I will no longer let it drive me. I now manage it, take my medication, and rely on my counseling and support/care resources to assist me. I can't do this alone, and yes, some days are harder than others. The difference now is I have learned to take care of myself and recognize I come first and so does my mental health not anyone or anything. I continue to fight, strive, survive, and educate others, as well as help others about this whole Mental Health thang. I will come out with a great bang, because I am Adaryll AKA Miss Thang with the Zang, Zang knocking out day by day this Mental Health thang. Take heed from this wise Queen and see to it that your Mental Health is seen and taken care of. You matter and your Mental Health matters. Use my story to check and evaluate yourself with honesty about where your mental health stands, so this way you too can experience all your glory.

My Back Injury

Reverend Lynn Duhart, UFC Greater Atlanta

It all happens so suddenly. One day I'm dancing with my preschoolers, and a week later, I'm walking with a walker. My doctor said I had a bulging disc in my back; he kept asking me if I had hurt myself doing some activity. I assured him I had not; the injury I could recall was almost a year earlier was bending over too suddenly and feeling a pull in my back that hurt but not anything significant. His diagnosis was that the injury had worsened over time, and the weight gain had only aggravated the injury.

My journey through my recovery and dealing with my insurance company did nothing to help an already stressful experience. I ended up having to go on disability; what good is a preschool teacher who can't walk and stand up straight? I was out of work for three months, the first month without income because disability is a prolonged process. In the beginning, it was nice not having to go to work, which lasted for about two weeks; I thought that not having to go to work was excellent until I realized you couldn't go anywhere else.

My doctor recommended a procedure with medication that would speed up my healing process, which gave me hope to get back to my life. Still, my medical insurance would not pay for it until I

went to physical therapy. The therapist agreed that I needed the procedure to get back to some form of quality of life.

It's been three months since my procedure; I am back at work and dancing a little bit slower but nevertheless dancing with my students. This experience has taught me two vital lessons.

1. Take care of your temple because your quality of life depends on it.
2. The insurance companies in this country only care about their bottom line.

"Promoting Equity for Black Trans Men in HIV Prevention /Treatment/Access" **Debb Dunn PA-C, MBA**

Objective: This article will address the effects of racism, transphobia, and other risk factors.

The effects of medical mistrust in the Black and Transgender communities negatively impact the health of Black transgender MSM (males that have sex with males) in myriad ways. One salient impact is lack of health surveillance in the context of health risk. The CDC recently released the results of a study, entitled: "National HIV Behavioral Surveillance among Transgender Women (NHBS-Trans); Surveillance Special Report". <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf>. The study collected data from 2019-2020. The results indicated clearly that health disparities are present for transgender females who are HIV positive. The findings demonstrated the impact of HIV prevalence in relationship to social and economic determinants of health. Fear of discrimination in medical environments resulted in lack of surveillance, increased risk, and lack of guidance related to HIV prevention, detection, and care. The findings illuminate the need for empirically informed health and medical provision, patient-centered care, and community involvement. Yet, there are no studies that have been conducted such as this on Black Transgender MSM and HIV of this marginalized group.

Medical providers have little-to-no training or competence in sexual history taking for transgender males. Providers are not taught how to communicate with transmasculine patients about vaginal/rectal penetration sex, sexually transmitted infections that are transmitted by vaginal-to-vaginal (V-V) sexual contact (i.e., grinding), as well as advising them about STI prevention and cancer screening (pap smears, mammograms) in the context of transmasculine identity. The number one STI that is transmitted between V-V sex is HPV. Greater than 95% of cervical cancers are related to HPV, but the likelihood of providers encouraging transmales to get pap smears is slim. Supervisors and preceptors are not receiving the necessary training to teach students how provide care to transmasculine individuals. For example, a lifesaving intervention for transmasculine individuals is to teach them to do "self pap smears." This modified care provision helps those who have genital dysphoria complete cares while simultaneously communicating the importance of regular cancer screenings. Without these kinds of population-focused intervention important screening would not

happen. It is there for not surprising that LGBTQ people have a higher rate of cancer and lower life expectancies.

Failure to provide community-focused care can also lead to other health risks. For example, PREP, the HIV medication that is prescribed to HIV negative people to prevent contracting HIV when having unprotected sex is not typically promoted to Transmasculine MSM. Transmen are never seen in any commercials or other marketing materials for HIV, yet this marketing extolls that we are "winning the war on HIV" with PREP use for non-trans MSM. Descovy, the latest PREP drug that is more protective of kidneys is not indicated for assigned females at birth people. The clinical trials did not include people born with vaginas.

Gynecology centers are more focused on female-focused and non-trans-affirming clinic spaces. There are Women Centers, well-women exams, feminine products, pink flowers, and magazines that are female centered, etc. Most gynecologist are not familiar with discussing pregnancy, infertility, birth control options and other important pathologies including abnormal uterine bleeds, fibroids, ovarian and cervical cancer when working with transmen. There are gynecologists who will not discuss or conduct hysterectomies or removal of ovaries for the treatment of gender dysphoria.

The following are some best practices in combating racism and transphobia in health care for Black Transmasculine MSM:

- Medical schools, physician assistant schools, and nurse practitioner programs must provide incentives to diversify their student populations. Patients like to see providers who represent their communities.
- Medical and nursing practitioner curricula should be expanded to provide information about health disparities, transgender care, and patient marginalization.
- Start early-education programs that teach kids, beginning in middle school, about social determinants of health, harm reduction solutions and medical and nursing careers as viable occupational options.
- Create positions within your clinics and agencies that allow the inclusion of Transgender people who have lived experience to advise about the needs of their community.
- Advocate for laws that protect the dignity and health of all people. Fight against laws that create barriers for the treatment of transgender children, adolescents, and adults.
- Advocate for inclusion of LGBTQ sex education in public and private schools
- Fight for laws that mandate cultural humility and diversity training in all state and local agencies.
- Discuss methods to improve the use of PREP in black transgender MSM for the prevention of HIV.

May 6, 2023 | WOW Community Center

45 Commerce St, Newark, NJ 07102



Save the Date!

Closing the Gaps in Maternal Health

Reverend Sonja Lee, Executive Director, Lionel Lee Jr. Center for Wellness

Health equity. Health disparities. Access to affordable health care. Diversity, equity, and inclusion (DEI). These are a few examples of trending buzzwords and phrases that describe the hurdles yet to be overcome in marginalized (another buzzword) communities. As the month of March is Women's History Month, I want to focus on maternal health disparities and strategies for reducing the number of deaths related to childbearing in the Black community.

The World Health Organization (WHO) defines maternal health as "the health of women during pregnancy (prenatal), childbirth and the post-natal period." I suggest that the pre-conception season has a significant impact on maternal health as well. The overall health of a parent-to-be must be considered in the equation, along with the quality of care received during and after the birth of the child.

The statistics show startling differences in birth outcomes across racial lines. In a 2020 report the Center for Disease Control (CDC) noted that for Black patients there were 37.1 maternal deaths per 100,000 live births compared to 14.7 for non-Hispanic White patients.

I believe that a lack of cultural competency from healthcare providers contributes greatly to health disparities, including maternal health in Black women. According to the Association of American Medical Colleges, African Americans made up 5% overall and 11% of OB/GYN certified doctors in the United States. I believe that an increase in the number of health care providers with lived experience, cultural awareness, and sensitivity to the needs of Black women will decrease the number of deaths before, during and after childbirth.

As a community, it is our responsibility for developing strategies for improving maternal health; and indeed, the overall health of our people. We must come together in myriad ways to increase the number of Black health care providers. I suggest developing strategic plans for closing the gaps, starting with education, awareness, and advocacy.

Education and Awareness – let's talk about health in our gatherings. This includes our congregations, community events, cultural and social events.

- Create paths to formal education in the medical sciences.
- Support and encourage students to enroll in HBCU medical training programs.
- Establish scholarships for students enter the medical field.
- Emphasize the accomplishments of medical professionals in our community as much as we celebrate those in the fields of sports, entertainment, and business.
- Raise awareness of opportunities to make a positive impact in community along with prospering financially.

Advocacy - Organize community actions to:

- Increase access to quality healthcare for women who do not have health insurance.
- Increase conveniently located healthcare facilities
- Increase access to nutritious food
- Increase health and wellness programs in local schools

Volunteer and support the UFCM Health and Wellness Initiative!

WOMEN BEING HEALTHY AT ANY AGE

Staying healthy through all the physical and mental changes women go through in their lives can be a challenge. Staying healthy through those changes does not have to be intimidating. Women can maintain quality health at every age and stage. Being proactive about preventing illness and injury should start early in life. Establishing healthy habits during the adolescent years such as diet, proper rest and exercise should be encouraged, even when it is a challenge. It is especially important to care for mental wellness in adolescent and young women by providing support for feelings of anxiety and depression and other mental wellness challenges during this period of life. It is suggested that between the ages of 13 years and 15 years a girl establish a gynecologist. This visit should be an opportunity develop a trust with her physician that will provide a space to talk about reproductive, sexuality, and avoiding risky behaviors.

Breast health is important at any age. Self-awareness should begin about age 20. It is important to be aware of what is normal for your breasts, so if there are any changes you can address them immediately. Regular breast screenings can help detect cancer at an early and more treatable stage. A mammogram is recommended every 1-3 years unless there is a family history of breast cancer. Consult with your

primary physician as to what is best for you.

Heart Health. It is important for women to know their risk factors for heart disease. This includes monitoring blood pressure, cholesterol, and knowledge of family history. Having a yearly physical and not ignoring symptoms are two of the best preventive measures to heart health. In the past heart disease has been considered a disease of men. Even though women get heart disease about 10 years later than men, it is the number one cause of death for men and women. Less than 50% of women identify cardiovascular disease as their biggest health threat. The most common type of heart disease among women is coronary artery disease.

- ❖ Blood Pressure - often shows no symptoms until it leads to heart disease or heart failure or stroke. Know your blood pressure, if it is elevated work with your doctor in getting treated and make lifestyle changes to lower it.
- ❖ Cholesterol - know your cholesterol numbers. During your annual physical have the conversation about how to reach your target range.
- ❖ Diet - Work on eating a heart healthy diet rich in whole grains, lean proteins, fruits, and vegetables and low in saturated fats. (Learn to read labels). Reduce salt and sugar. Lower or eliminate processed foods.
- ❖ Exercise - Set a goal of cardiovascular exercise three to four times a week. No matter what exercise level you are on walking and swimming are lifetime forms of exercise, whether you are nine or ninety. ALWAYS consult with your doctor before beginning an exercise program.

Bone Health. Most women do not think about their bones until there is a problem with them, but bones need care to stay healthy just like the rest of the body. Bone density testing is one way to measure bone health. This is important for women going through hormonal changes during menopause when bone density is affected. Women 65 and older, women younger than 65 with risk factors such as disease or fractures. How often depends on age and risk factors. The goal of osteoporosis (bone density loss) prevention is to slow down the loss of bone mass to reduce risk of fractures. Bones can be strengthened with exercise specifically for prevention and a diet rich in calcium and vitamin D. Check with your doctor the best prevention method for you.

Walk In the Light

Elder Kevin E. Taylor

When I went to the doctor that day, because working in entertainment is amazing, but does not come with insurance. I was just glad to be able to get a full dearth of exams and tests and blood work so I could know how my body was doing.

After the tests, I discovered I was not doing well. Stress and Uncertainty. Not resting well, even when I was eating much better, had taken a toll. My blood pressure, which I checked with a crazy sense of regularity, was high. But the kicker was when she asked me what was I taking for my diabetes.

"I DON'T HAVE DIABETES!" I said with audacious assurance. "Your blood sugar is 8.7 and it should be 6.0 or below. You are diabetic."

I was scared. Instantly. Diabetic AKA "Sugar" in the Black community was something that always quickly scared me because I thought once it happened, you were on insulin and needles and a restricted diet forever.

"I am going to give you 6 months. Come in and check with me again, but DO SOMETHING ABOUT IT!

Dr. Eileen is my Nurse Practitioner but I call her Doc. She almost willed me to take control and do something to get my health in order. The Lefthanded Virgo in me, the Control Freak, took it as a challenge. I had been walking once or twice a week with the Wellnesst, a healing and engagement group founded by my sister/friend/neighbor, Chrystal Turner, to make it through the pandemic of 2020, 2021, 2022. She did a Monday morning live podcast and there was meditation and healthy options for food and life. And on Saturdays, we walked. The circumference of Branch Brook Park's Walking Path, 2.25 miles. We started by doing the halfway point at least twice and sometimes three times. But there were days when I was sitting at home, unemployed and disengaged, and I would just get out and walk and I would go live ON THE GROUP PAGE, for the group, to try to motivate as Chrystal would do when we walked. It pushed me and now the mandate to get well got me out there EVERY SINGLE DAY during the week and back again with the group on Saturday's.

When I returned to see Doc 6 months later, off the meds for cholesterol, blood pressure down considerably, and blood sugar still spiking. We were able to now focus on my best life. I went into monitoring my A1C and my glucose. I was able to look at my diet with some real detective level concern and after the next test showed the numbers had gone up again, I discovered that my affinity for fresh fruit, sometimes as my only "meal" of the day, was kicking my diabetes in the derriere. I went on a fruit fast for 2 weeks and lo and behold, the next test showed the number had fallen all the way to 6.7; the discussion about fruit was that I didn't need to eliminate it, but restrict it especially grapes. They were basically little fruit bombs.

I am lighter by 40 pounds. I have an alarm on my phone that tells me THE KITCHEN IS CLOSED at 8:30pm, meaning not another morsel of food is to be consumed and yet another 10:10pm alarm that warns me to GET IN THE BED. And even if I am finishing something on TV, I am often turning the television off and in bed, asleep by 11:00pm for an alarm at 6:30am that says STRETCH AND RISE!

I am thankful that Health and Wellness were already in my wheelhouse of Self-Love and Self-Care, but the pandemic made me take the time to take real care of me, and doing so I have realized that JUST A CLOSER WALK WITH THEE isn't just an old gospel song. IT IS A GAMECHANGER! My prayer life found even more clarity and joy being able to walk and talk with God in grace, every morning. It is the best thing I have ever done.

Addressing the Health Issue in Jamacia

Pastor Nevin Powell

“Since my ordination as the Pastor of Unity Fellowship Jamacia Ministries, the late Archbishop Carl Bean always reminded me that the creator did not call me to only serve members of the LGBTQ community. But to serve everyone. This health initiative is a perfect example of professing God’s love for everyone.”

Unity Fellowship Jamaica Ministries has been addressing the health issues in Jamacia for several years. Their efforts have included building of safe spaces for LGBTQ youth, referral services and more. Through Health Fairs, common health issues such as high blood pressure, diabetes, asthma, breast cancer and prostate cancer at a high rate.

Community Health Fairs can be an excellent way of providing health care and education to communities where there are challenges in accessing quality health care resources. Each year a team of medical professionals (nurses, nurse practitioners, medical doctors, dentists, and dental hygienists) and non-medical volunteers from The United States and Jamacia gather to provide these services. During January 2023, in a small town of the hills of the Cockpit Mountains, bordering the parishes of St. Elizabeth and Manchester at Roses Valley, a health fair took place where a team of researchers attended and collected data. The data evaluated the nutritional intake of the community. The results to be published by late March 2023.

For the past nine years, over a three-day period, the medical team has provided support which included HIV testing and counseling, cancer screenings (PAP smears, Mammograms and prostate) medical evaluations, dental visits, vision exams, nurse education and CPR certification. Medication is made available as well as blood pressure machines for those in need. Those in need of radiology testing are sent to Mandeville.

Every year between 300-500 people attend the health fair to access the free services. Even with socialized medicine that is available in Jamaica, there are still challenges to accessing medical services. Those who attend the health fair must often must decide whether to pay for transportation to the local clinic, or for medication. Specialized services are often time out of reach until they are in a health crisis. Childcare is also provided to parents and guardians seeking health care.

**UFCM Health Initiative is in need of staff writers for the Newsletter.
If interested, please contact Rev. Jerri-Lee: gjerrilee@gmail.com**

Featured in this Issue



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Rev. Cecilia Caldwell



Adaryll Moore



Rev. Lynn Duhart



Deb Dunn



Rev. Sonja Lee



Elder Kevin E. Taylor



Rev. Nevin Powell

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Elder Green



UFCM House of Bishops