

## RESOLUTION 1

### IN FAVOR OF TOBACCO-FREE ENVIRONMENTS

**WHEREAS**, tobacco is the number one preventable cause of premature death in the United States, killing more people than AIDS, car crashes, illegal drug use, alcohol, and murders combined. Each year 11,500 adults in North Carolina die from their own smoking and 1,200 Americans lose their life every day to tobacco use; and

**WHEREAS**, smoking causes North Carolina alone more than \$5.7 billion annually in health care costs and lost productivity; and

**WHEREAS**, addiction to smoking is higher than the addiction rates for marijuana, alcohol, or cocaine, and for 90 percent of all adult smokers begins at or before the age of 18. Each day more than 2,000 children under 18 become new regular, daily smokers;

**WHEREAS**, exposure to environmental tobacco smoke risks the life and health of non-smokers as well as smokers. The American Heart Association says secondhand smoke causes 40,000 heart-related deaths each year. The Office on Smoking and Health of the Centers for Disease Control and Prevention (CDC), in a report on behalf of the U.S. Surgeon General, concluded in 2006 that secondhand smoke has been definitely linked to heart and lung diseases, cancer, complications of diabetes, higher risks of pneumonia and bronchitis, worsened effects of asthma, and Sudden Infant Death Syndrome. The CDC reported that “almost 60 percent of U.S. children aged 3-11 years — or almost 22 million children — are exposed to secondhand smoke;” and

**WHEREAS**, the same CDC report concluded in 2006 that there is no safe amount of environmental tobacco smoke, nor are there viable ways to protect non-smokers from the effects of its presence. Separate “no smoking” sections, air filters, and opened windows are not effective in limiting the danger of secondhand smoke to those who choose to smoke. The CDC says that prohibiting all smoking in public spaces has proven to be the only effective way to eliminate or reduce the risks from secondhand tobacco smoke; and

**WHEREAS**, the Social Principles of the United Methodist Church, acknowledging the “overwhelming evidence” of the harmful effects of tobacco on the health of persons of all ages, encourages “total abstinence from the use of tobacco,” and also acknowledges the harmful effects of passive smoke in supporting “the restriction of smoking in public areas and workplaces;”

**NOW, THEREFORE BE IT RESOLVED**, that the North Carolina Annual Conference encourages the North Carolina General Assembly to adopt legislation making all public spaces, both governmental and commercial, tobacco-free environments to preserve and improve the health of all North Carolinians; and

**BE IT ALSO RESOLVED**, that the North Carolina Annual Conference encourages all our United Methodist Churches to establish a tobacco-free environment and encourage our members to make their homes and cars smoke-free for the health of themselves and their families; and

**BE IT FURTHER RESOLVED**, that copies of this resolution be sent to all members of the General Assembly, the governor, and the media.

(SOURCES: The Tobacco Prevention and Control Branch, N.C. Department of Health and Human Services; the American Heart Association; and “The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the U.S. Surgeon General,” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.)

**Approved by the Committee on Disability Concerns  
February 27, 2009**

## RESOLUTION 2

### **A Call to Action by United Methodist Annual Conferences: The Priority of Health and Wellbeing Preamble**

Access to quality affordable health care has reached crisis proportions in the world. Impacting the well-being of God's children – of all ages, everywhere, but especially the most vulnerable – the poor, the children and the aged.

#### **Biblical and Theological Imperatives**

Concern for health and health care has been central to the Jewish and Christian faiths from their beginnings. The Hebrew Scriptures address issues of sickness (Exodus 23:25) and healing (Jeremiah 33:6). The actions required to achieve these goals involve both personal (Exodus 24:3; 1 Corinthians 9:24-27) and social (Ezekiel 34:4) responsibility. The Gospels report the ministry of healing of Jesus Christ, for whom healing, like salvation, was an expression of deliverance from sin and death. Jesus' message emphasizes health as the will of God and a sign of the presence of God's kingdom (Matthew 10:7-8), so that humans are responsible to seek and accept God's gift of good health. St. Paul, in turn, identifies "the powers and principalities of this present darkness" (Ephesians 6:12) as a source of much that is ill in this world, and encourages Christians to side with God against these powers. In all these times, the provision of health care has been an expression of the duty of hospitality (Matthew 25:36). Through the ages the Christian Church has expressed this duty through personal deeds of service, and the creation of healing institutions.

The United Methodist Church through its Social Principles (§162T) has expressed its commitment to health care for all. John Wesley was always deeply concerned about health care, providing medical services at no cost to the poor in London and emphasizing preventive care. The first Methodist Social Creed (adopted in 1908) urged working conditions to safeguard the health of workers and community. Through its many hospitals and health-care facilities around the world, as well as public-policy advocacy for health, the United Methodist Church continues to declare its commitment to quality and affordable health care as a right of all people. (UMR 113)

#### **Defining the Problem**

Today, health care is a major issue globally for the world's population. Key indicators of child mortality, poverty, environmental degradation, maternal health, the spread of communicable diseases and access to medicine constitute 6 of 8 United Nations Millennium Goals and tell of a world that is sickening to too many and brings the end of life too soon. In the United States, the number of persons without access to health insurance is 47 million and regrettably continuing to grow; those who do have such access face a health care delivery system of increasing cost and diminishing quality. Regardless of health care access, people in the United States live in a culture that does not sufficiently recognize the health impact of environmental degradation.

In the United States, the number of people who were without health insurance for some period of time in 2003 and 2004 rose to 85.5 million people, an increase of 12.7 per cent over the years 1999-2000. Rising costs for health care have made health care both less comprehensive for those who can afford it, as well as unreachable or substandard for those who are in poverty.

The United Methodist Church in the United States provides health care insurance through its General Board of Pensions and Health Benefits to over 24,000 persons. An additional number of United Methodist clergy and lay employees are provided health insurance by Annual Conferences through other agencies. Rising health care costs divert critical United Methodist resources from ministry and have caused annual conferences to contemplate re-ordering ministry in large part due to these rising costs. Those insured by the United Methodist Church are "older, sicker, and fatter than the U. S. population as a whole." The leading causes of death in the United States – heart disease, stroke, cancer, and unintentional injuries – all are impacted by personal behavior, yet impact our covenant to take care of each other. Unchecked, rising health care costs, will impact the financial viability of the United Methodist Church as a whole.

In the United States, increasing health care costs are causing increasing numbers of employers to abandon provision of health care services, increasing the number of uninsured. When employers find their

products less competitive after paying for health care costs, these costs threaten the economy and international competitiveness of the United States.

In North Carolina, a study reported by the N.C. Institute of Medicine and the University of North Carolina at Chapel Hill, released in March 2009, says the ranks of the uninsured in our state have grown at the fastest rate in the nation since 2007.

This study reflects that one in three residents under the age of 65 in the state of North Carolina have no health care insurance coverage. In the past two years 2.8 million North Carolinians have lacked basic health insurance coverage.

The bulk of these uninsured, nearly 80 percent, came from working class families (which are defined as those in which at least one person has a job). More than 55 percent were families with incomes below \$42,400 and 23.4 percent were individuals and families with incomes at or below \$84,800.

Health Insurance coverage, in North Carolina, directly correlates to unemployment statistics. Where insurance coverage is attained through one's employer, the combination of the rising costs of coverage and the weak economy have forced many employers to cut their health insurance programs. Additionally, when workers lose their employment, they in turn lose their company paid health insurance benefits. (Incidentally, our state's unemployment rate reached 9.7% in January of 2009, the highest it has been since March of 1983 when it was 10%).

(source: Charlotte Business Journal April 7, 2009)

## **THE CALL TO ACTION**

In the face of this crisis, the United Methodist General Conference in 2004 approved or re-approved over 30 resolutions dealing with a range of health care topics. These resolutions state that healthcare is a right, the current system is broken, and changes need to be made.

The North Carolina Annual Conference of the United Methodist Church is similarly impelled to act in the midst of this crisis. Therefore:

1. We challenge our members to make an individual commitment to live healthier lives and work toward health care for all, and we encourage our clergy and lay employees to model health and well-being for our local church members.
2. We call upon our congregations to conduct Health Care Justice Sabbaths on a weekend of their choosing, in which the theological, political, economic and medical issues involved in health care can be raised in sermons and discussions, and a range of health care related works of mercy, from blood pressure screenings to blood drives, can benefit the community.
3. We call upon United Methodist Theological Seminaries to undertake theological work to increase understanding of what, in the area of health, individual human beings should expect from themselves, should be able to expect from others, and can securely expect from God, and to make the results of this work available to the Board of Ordained Ministry and the Orders of Elders and Deacons in our Annual Conference.
4. We call upon the General Agencies of the United Methodist Church to support our Annual Conference efforts in our communities, and the efforts of other appropriate agencies and organizations, by discussing and coordinating their respective concerns in the area of health care, such as church-sponsored health care services, health benefits for United Methodist clergy and lay employees, health care chaplaincies, and health wellness programs as a spiritual and moral discipline, and to employ United Methodist resources and communications capabilities to promote both personal action and social change toward health and wholeness.
5. We call upon the North Carolina State Legislature to introduce and pass legislation to address health care for all in North Carolina. We anticipate and support that a variety of regional approaches may result, and that this will provide an experience base that can be replicated in other regions as well as the country as a whole.
6. We call upon the United States Congress to introduce and pass legislation which will move us to universal health care on a single payer basis, consistent with UMC Resolutions, and to the extent this cannot be immediately achieved, to introduce and pass legislation which will move us toward this goal in increments, such as effective means of providing health care coverage toward seniors,

toward the poor, toward those who are employed but cannot access coverage, and toward children; and to support state-level initiatives toward expanding healthcare coverage.

7. We call upon the United Nations, its constituent agencies, such as the World Health Organization and World Trade Organization, and member nations, to determine actions that will address the United Nations Millennium Goals and increase the quantity of health care services, particularly preventive and village-based health care services, throughout the world.

*Scripture Notes (NRSV)*

*Exodus 23:25. Included in God's covenant promise is that God will bless Israel's bread and water and "take your sickness from among you."*

*Jeremiah 33:6. Included in God's promise to Jeremiah concerning Judah: "I am going to bring it recovery and healing; I will heal them and reveal to them abundance of prosperity and security."*

*Exodus 24:3. After Moses tells the people all the words of the Lord, the people assure with one voice, "all the words that the Lord has spoken we will do."*

*I Corinthians 9:24-27. Paul uses the analogy of a race to suggest that people must run in such a way that they win, and "punish my body and enslave it" to do so.*

*Ezekiel 34:4. On behalf of God, Ezekiel denounces the leaders of Israel: "You have not strengthened the weak, you have not healed the sick, you have not bound up the injured, you have not brought back the strayed, you have not sought the lost, but with force and weakness you have ruled them."*

*Matthew 10:7-8. Jesus tells the disciples to announce that the Kingdom of God has come near, and to make this tangible by curing the sick, raising the dead, cleansing the lepers, and casting out demons.*

*Ephesians 6:12. Paul identifies the focus of our struggle: "For our struggle is not against enemies of blood and flesh, but against the rulers, against the authorities, against the cosmic powers of this present darkness, against the spiritual forces of evil in the heavenly places."*

*Matthew 25:36. In the parable of the great judgment, the king will say "I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me," indicating that when these acts are done to "one of the least of these," they were done to the king himself.*

Respectfully submitted:  
The General Board of Church and Society and  
The Board of Church and Society of the North Carolina Annual Conference,  
Brian W. Wingo, chair

## **RESOLUTION 3**

### **Evaluate and Overhaul the Criminal Justice System, National and State**

**WHEREAS**, Senator Jim Webb introduced the “National Criminal Justice Commission Act of 2009” in the U.S. Senate, which is legislation creating a blue-ribbon commission charged with undertaking an 18-month, top-to-bottom review of the entire criminal justice system and offering concrete recommendations for reform; and

**WHEREAS**, State Senator Ed Jones has sought to establish a joint legislative study committee on ex-offender reentry, which is now referred to the Committee on Rules and Operations of the N.C. Senate; and

**WHEREAS**, North Carolinians depend on their government, national and state, to maintain their safety and security and expect it to be reliable and fair in addition to being effective at deterring crime and punishing offenders. The N.C. Department of Correction has an annual budget of \$1,300,000,000, which includes the cost of \$23,000 to incarcerate an individual per year of confinement. The cost of prison construction is approximately \$80,000 per bed, and

**WHEREAS**, the criminal justice system, both national and state, has deteriorated to the point that it is wasteful and inefficient. With five percent of the world’s population, our country houses twenty-five percent of the world’s prison population. Incarcerated drug offenders have soared 1,200 percent since 1980. Four times as many mentally ill people are in prisons than in mental health hospitals. The recidivism rate, in national and state prisons, speaks of the ineffectiveness of our current criminal justice system. Our neighborhoods are at risk from gang violence. We should be devoting our monetary and law enforcement resources toward making communities safer; and

**WHEREAS**, the Committee on Criminal Justice and Mercy Ministries of the North Carolina Conference is committed to providing services and opportunities for United Methodists in the North Carolina Conference to achieve and maintain an understanding of prison ministry and the importance of prison reform based on Christian principles;

**NOW, THEREFORE BE IT RESOLVED**, that the North Carolina Conference of the United Methodist Church in Sacramental faithfulness joins its Committee on Criminal Justice and Mercy Ministries in urging our government leaders, state and national, to pass the National Criminal Justice Commission Act of 2009 as well as establish in North Carolina a proposed joint legislative study committee on ex-offender reentry; and

**BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the North Carolina governor, the President of the United States, North Carolina’s congressional delegation; members of the North Carolina legislature; and the state press.

**Submitted by the N.C. Committee on Criminal Justice and Mercy Ministries**

## **RESOLUTION 4**

### **The Wheel Chair Resolution**

**WHEREAS**, Jesus Christ has shown us humility and radical hospitality in the washing of His disciples' feet as written in John 13:12-15 (New Revised Standard Version) "After he had washed their feet, had put on his robe, and had returned to the table, he said to them, 'Do you know what I have done to you? You call me Teacher and Lord-and you are right, for that is what I am. So if I, your Lord and Teacher, have washed your feet, you also ought to wash one' another's feet. For I have set you an example, that you also, should do as I have done to you."

**WHEREAS**, in order for us to become "vibrant and fruitful congregations" we must continue to find ways that we show radical hospitality to our visitors and members that enter our doors.

**WHEREAS**, an individual may have a physical challenge and may not have readily access of a wheel chair.

**BE IT FURTHER RESOLVED**, that churches in the North Carolina Conference of The United Methodist Church that so desire physically place a wheel chair in their lobby or foyer area.

Respectfully submitted,  
Rev. James E. Malloy, Jr.