

# GLOBAL MINISTRIES PETITIONS SUBMITTED IN 2019

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# BOOK OF DISCIPLINE PETITIONS

## 20645 - Delete “Autonomous Methodist Church” Category and Replace with More Precise Terms

**Petition Number: 20645 – HS-Para 570-G;** Carter, Kenneth, for Council of Bishops; Kemper, Thomas, for the General Board of Global Ministries

### Amend ‘Section V’ heading as follows:

**Section V. ~~Autonomous Methodist Churches~~, Affiliated Autonomous Methodist Churches, Affiliated United Churches, Covenanting Churches, Concordat Churches**

### **Delete ¶570.1, renumber subsequent subparagraphs:**

#### *1. ~~Autonomous Methodist Churches~~*

*a) ~~A self-governing church of the Wesleyan tradition and which may or may not have entered into the Act of Covenanting with The United Methodist Church.~~*

*b) ~~Autonomous Methodist churches are not entitled to send delegates to the General Conference of The United Methodist Church.~~*

### **Amend ¶570.4 as follows:**

#### *4. ~~Covenanting Churches~~*

*a) ~~An autonomous Methodist church, A~~an affiliated autonomous Methodist church, an affiliated united church, other Methodist or Wesleyan church, or another Christian church which has entered into a covenanting relationship with The United Methodist Church through an Act of Covenanting as described in ¶ 573.*

*b) The Act of Covenanting does not warrant that the covenanting churches shall be entitled to delegates at the General Conference of The United Methodist Church, or at the equivalent body of the covenant partner.*

**Amend ¶571 as follows:**

¶ 571. ~~Autonomous Methodist Churches, Affiliated Autonomous Methodist Churches, and Affiliated United Churches, and member churches of the World Methodist Council~~—1. Certificates of church membership given by clergy in one church shall be accepted by clergy in the other church.

2. When the requirements of such a Methodist church for its ordained ministry are comparable to those of The United Methodist Church, clergy may be transferred between its properly constituted ministerial bodies and the annual and provisional annual conferences of The United Methodist Church and their ordination(s) recognized as valid, with the approval and consent of the bishops or other appointive authorities involved in compliance with ¶ 347.

3. A program of visitation may be mutually arranged by the Council of Bishops in cooperation with the equivalent leadership of the ~~autonomous Methodist church~~, affiliated autonomous Methodist church, ~~and/or~~ affiliated united church, and/or World Methodist Council member church.

4. The Council of Bishops, in consultation with the General Board of Global Ministries and the Office of Christian Unity and Interreligious Relationships, shall work out plans of cooperation with these churches. The General Board of Global Ministries shall serve as the agent of The United Methodist Church for a continuing dialogue looking to the establishment of mission priorities with special reference to matters of personnel and finance.

**Amend ¶572, including its heading, as follows:**

Becoming An ~~Autonomous Methodist~~, Affiliated Autonomous Methodist, ~~or~~ Affiliated United Church, or self-governing church from Central Conferences

¶ 572. When conferences outside the United States that are parts of The United Methodist Church desire to become an ~~autonomous Methodist~~, affiliated autonomous Methodist, ~~or~~ affiliated united ~~church~~, or self-governing church, approval shall first be secured from the central conference involved and this decision be ratified by the annual conferences within the central conference by two-thirds majority of the aggregate votes cast by the annual conferences.

1. The conference shall prepare a historical record with reasons why affiliation and/or ~~autonomy~~ self-governance is requested and shall consult with the Standing Committee on Central Conference Matters (¶ 2201) on proceedings for affiliation and/or autonomy.

2. The Standing Committee on Central Conference Matters and the conferences involved shall mutually agree on the confession of faith and the constitution of the new church. These shall be prepared with care and shall be approved by the conferences.

3. Preparation of its *Discipline* is the responsibility of the conference(s) desiring affiliation and/or ~~autonomy~~ self-governance.

4. Upon recommendation of the Standing Committee on Central Conference Matters, when all disciplinary requirements for affiliated and/or ~~autonomous~~ self-governing relationship have been met, the General Conference through an enabling act shall approve of and grant permission for the conference(s) involved to become an ~~autonomous Methodist~~, affiliated autonomous Methodist, ~~or~~ affiliated united ~~church~~, or self-governing church.

5. Then the central conference involved shall meet, declare the present relationship between The United Methodist Church and the conference(s) involved dissolved, and reorganize as an ~~autonomous Methodist~~, affiliated autonomous Methodist, ~~or-affiliated united church~~, or self-governing church in accordance with the enabling act granted by the General Conference. The Standing Committee on Central Conference Matters shall assist in this process and, when the plans are consummated, report to the Council of Bishops. The proclamation of affiliated and/or ~~autonomous~~ self-governing status shall then be signed by the president of the Council of Bishops and the secretary of the General Conference.

6. A plan of cooperation shall be developed in accordance with ¶ 571.4.

**Amend ¶573.1 as follows:**

¶ 573. 1. A covenanting relationship, whose elements were adopted by the 1992 General Conference in an action called an “Act of Covenanting Between Christian Churches and The United Methodist Church” may be established between ~~autonomous Methodist churches~~, affiliated autonomous Methodist churches, affiliated united churches, other Methodist or Wesleyan churches, or other Christian churches and The United Methodist Church.

**Rationale:** The UMC values its worldwide connectional relationships in mission with non-UMC churches. Various and inconsistent uses of “autonomous” in naming some of these relationships is confusing. To eliminate the confusion, this petition deletes the category “Autonomous Methodist Church” related Petition No. 20651-HS-Para 125-G and deletes “autonomous” from the “Affiliated Autonomous Methodist Churches.”

**ADCA, pg. 991-992**

## 20651 - Affiliated Methodist Churches

**Petition Number: 20651-HS-Para 125-G;** Carter, Kenneth, for the Council of Bishops;  
Kemper, Thomas, for the General Board of Global Ministries

### Amend ¶125 as follows:

¶ 125. United Methodists throughout the world are bound together . . . ~~in a connectional covenant in which we support and hold each other accountable for faithful discipleship and mission.~~ Integrally holding connectional unity and local freedom, we seek to proclaim and embody the gospel in ways responsible to our specific cultural and social context while maintaining “a vital web of interactive relationships” (¶ 132). At the same time, we desire to affirm and celebrate our relationships, covenants, and partnership with autonomous, affiliated ~~autonomous~~ Methodist, affiliated united covenanting, and concordat churches (¶¶ 570-574) as well as other partners in the Wesleyan and ecumenical Christian families...

*(The remainder of the paragraph follows unamended)*

### Amend ¶227 as follows:

¶ 227. A professing member of The United Methodist Church, of an affiliated ~~autonomous~~ Methodist or united church, or of a Methodist church that has a concordat agreement with The United Methodist Church, . . . .

*(The remainder of the paragraph follows unamended)*

### Amend ¶344.1c) as follows:

c) Elders, associate members, and those licensed for pastoral ministry in service under the General Board of Global Ministries may be appointed to the ministries listed in a) and b) above.

They may be assigned to service either in annual conferences or central conferences, or with affiliated ~~autonomous~~ Methodist churches, ~~independent self-governing churches~~, churches resulting from the union of Methodist Churches and other communions, mission institutions, or in other denominational or ecumenical ministries.

**Amend ¶423 as follows:**

¶ 423. *Conference of Methodist Bishops*—There may be a conference of Methodist bishops, composed of all the bishops elected by the jurisdictional and central conferences and one bishop or chief executive officer from each affiliated ~~autonomous~~ Methodist or united church, which shall meet on call of the Council of Bishops after consultation with other members of the conference of Methodist bishops. The travel and other necessary expense of bishops of affiliated ~~autonomous~~ Methodist or united churches related to the meeting of the Conference of Methodist Bishops shall be paid on the same basis as that of bishops of The United Methodist Church.

**Amend ¶433 as follows:**

¶ 433. *Methodist Unity*—1. *World Methodist Council*—a) The United Methodist Church is a member of the World Methodist Council, its predecessor Methodist and Evangelical United Brethren churches having been charter members of such body. The council is a significant channel for United Methodist relationships with other Methodist churches and with autonomous Methodist churches, affiliated ~~autonomous~~ Methodist churches, affiliated united churches formerly part of The United Methodist Church or its predecessor denominations, and other churches with a Wesleyan heritage.

b) Each affiliated ~~autonomous~~ Methodist church and each affiliated united church that is a member of the World Methodist Council may choose to send delegates either to the General Conference as proposed in ¶ 570.2, .3 or to the World Methodist Council (receiving from the General Administration Fund the expense of travel and per diem allowances thereto). But no such church shall be entitled to send delegations at the expense of the General Administration Fund to both the World Methodist Council and the General Conference.

**Amend ¶560 as follows:**

¶ 560. *Authorization*—Annual conferences, provisional annual conferences, missionary conferences, and missions outside the United States that are not included in central conferences or in the territory of affiliated ~~autonomous~~ Methodist or united churches and that, because of geographical, language, political, or other considerations, have common interests that can best be served thereby, may be organized into provisional central conferences as provided in ¶ 540.1.21.

**Amend Section V title as follows:**

**Section V. Autonomous Methodist Churches, Affiliated ~~Autonomous~~ Methodist Churches, Affiliated United Churches, Covenanting Churches, Concordat Churches**

**Amend ¶570.2 as follows:**

*2. Affiliated ~~Autonomous~~ Methodist Churches*

a) A self-governing Methodist church in whose establishment The United Methodist Church or one of its constituent members (The Evangelical United Brethren Church and The Methodist Church or their predecessors) has assisted and which by



mutual agreement has entered into a Covenant of Relationship (in effect from 1968 to 1984) or an Act of Covenanting (see ¶ 573) with The United Methodist Church.

b) Each affiliated ~~autonomous~~-Methodist church shall be entitled to two delegates, one clergy and one layperson, to the General Conference of The United Methodist Church in accordance with ¶ 433.1b. They shall be entitled to all the rights and privileges of delegates, including membership on committees, except the right to vote. Such a church having more than 70,000 full members shall be entitled to one additional delegate. At least one of the three delegates shall be a woman. The bishop or president of the affiliated ~~autonomous~~ Methodist churches may be invited by the Council of Bishops to the General Conference.

**Amend ¶570.4a as follows:**

*4. Covenanting Churches*

a) An autonomous Methodist church, an affiliated ~~autonomous~~ Methodist church, an affiliated united church, or another Christian church which has entered into a covenanting relationship with The United Methodist Church through an Act of Covenanting as described in ¶ 573.

**Amend ¶571 as follows:**

¶ 571. *Autonomous Methodist Churches, Affiliated ~~Autonomous~~ Methodist Churches, and Affiliated United Churches*—1. Certificates of church membership given by clergy in one church shall be accepted by clergy in the other church.

3. A program of visitation may be mutually arranged by the Council of Bishops in cooperation with the equivalent leadership of the autonomous Methodist church, affiliated ~~autonomous~~ Methodist church, and/or affiliated united church.

**Amend ¶572, including its heading, as follows:**

Becoming an Autonomous Methodist, Affiliated ~~Autonomous~~ Methodist, or Affiliated United Church from Central Conferences

¶ 572. When conferences outside the United States that are parts of The United Methodist Church desire to become an autonomous Methodist, affiliated ~~autonomous~~ Methodist, or affiliated united church, approval shall first be secured from the central conference involved and this decision be ratified by the annual conferences within the central conference by two-thirds majority of the aggregate votes cast by the annual conferences.

1. The conference shall prepare a historical record with reasons why affiliation and/or autonomy is requested and shall consult with the Standing Committee on Central Conference Matters (¶ 2201) on proceedings for affiliation and/or autonomy.

2. The Standing Committee on Central Conference Matters and the conferences involved shall mutually agree on the confession of faith and the constitution of the new church. These shall be prepared with care and shall be approved by the conferences.

3. Preparation of its *Discipline* is the responsibility of the conference(s) desiring affiliation and/or autonomy.

4. Upon recommendation of the Standing Committee on Central Conference Matters, when all disciplinary requirements for affiliated and/or autonomous relationship have been met, the General Conference through an enabling act shall approve of and grant permission for the conference(s) involved to become an autonomous Methodist, affiliated ~~autonomous~~ Methodist, or affiliated united church.

5. Then the central conference involved shall meet, declare the present relationship between The United Methodist Church and the conference(s) involved dissolved, and reorganize as an autonomous Methodist, affiliated ~~autonomous~~ Methodist, or affiliated united church in accordance with the enabling act granted by the General Conference. The Standing Committee on Central Conference Matters shall assist in this process and, when the plans are consummated, report to the Council of Bishops. The proclamation of affiliated and/or autonomous status shall then be signed by the president of the Council of Bishops and the secretary of the General Conference.

6. A plan of cooperation shall be developed in accordance with ¶ 571.4.

Amend ¶573.1 as follows:

¶ **573.** 1. A covenanting relationship, whose elements were adopted by the 1992 General Conference in an action called an “Act of Covenanting Between Christian Churches and The United Methodist Church” may be established between autonomous Methodist churches, affiliated ~~autonomous~~ Methodist churches, affiliated united churches, or other Christian churches and The United Methodist Church.

Amend ¶1314.2.c) as follows:

c) Development of and sustaining cooperative relationships and mission partnerships that include sharing of opportunities and resources, networking and collaboration. This includes the maintaining and fulfilling of connectional relationships with annual conferences, missionary conferences, and central conferences; autonomous, affiliated ~~autonomous~~ Methodist, and united churches; and ecumenical church bodies.

**Rationale:** The UMC values its worldwide connectional, missional relationships with non-UMC churches. To address inconsistent and confusing uses of “autonomous” in naming some of these relationships, this petition deletes “autonomous” from “Affiliated Methodist Churches” and adds two other clarifying changes; related Petition No. 20645, “Delete ‘Autonomous Methodist Church.’”

**ADCA, pg. 962-964**

## NON-DISCIPLINARY PETITIONS

### **20534 - The United Methodist Committee on Deaf and Hard of Hearing Ministries**

**Petition Number: 20534-GM-Non-Dis-G;** Kemper, Thomas, for the General Board of Global Ministries

*Be it resolved that* the 2020 General Conference approves the continuation of the United Methodist Committee on Deaf and Hard of Hearing Ministries under the purview of the General Board of Global Ministries. A short summary of Deaf Ministries is included in the Global Health portion of Global Ministries' Report to General Conference, funding for Deaf Ministries is included in the budget request Global Ministries submitted to GCFA, and the Committee's tasks and objectives are set forth in Resolution 3004, that is the subject of a petition to readopt as is.

**Rationale:** General Conference 2000 established the Committee to lead the global church to become inclusive and engaged with Deaf, hard of hearing, late-deafened, or Deaf-blind people so that these lay and clergy would feel welcomed and included in worship and service to the church and world.

**ADCA, pg. 705**

### **20535 - Pacific Islander Ministry Plan**

**Petition Number: 20535-GM-Non-Dis;** Kemper, Thomas, for the General Board of Global Ministries

*Be it resolved that* the 2020 General Conference approves the continuation of the Pacific Islander Ministry Plan, as described in the Plan's Report and Recommendation to the General Conference, along with the funds contained in the World Service proposal, to fulfill the goals of the Plan.

**Rationale:** This Plan, established by General Conference 2012, develops churches and ministries serving Pacific Islanders in the U.S. Building on its connections with this growing immigrant community, the Plan will continue providing outreach, language resources, global health ministries and leadership development that impact Tongan, Samoan and Fijian faith communities in the U.S.

**ADCA, pg. 705**

### **20536 - National Plan for Hispanic/Latino Ministries**

**Petition Number: 20536-GM-Non-Dis-G;** Kemper, Thomas, for the General Board of Global Ministries

*Be it resolved that* the 2020 General Conference approves the continuation of the National Plan for Hispanic/Latino Ministry as described in the Plan's Report and Recommendation to the General Conference, along with the funds contained in the World Service proposal, to fulfill the

mission and goals of the Plan.

**Rationale:** This National Plan strategically aligns resources across the connection in order to identify, recruit and train a new generation of principled leaders for creating new sacred spaces for worship, growing and revitalizing existing congregations, and impacting lives in the Hispanic/Latino/Latina communities.

**ADCA, pg. 705**

### **20537 - Korean Ministry Plan**

**Petition Number: 20537-GM-Non-Dis-G;** Kemper, Thomas, for the General Board of Global Ministries

*Be it resolved that* the 2020 General Conference approves the continuation of the Korean Ministry Plan, as described in the Plan's Report and Recommendation to General Conference, along with the funds contained in the World Service proposal, to fulfill the mission and goals of the Plan.

**Rationale:** Established by GC 2000, the Korean Ministry Plan during 2017-2020 started 15 new Korean-speaking and 6 new English-speaking congregations, conducted a \$1 Million Matching Fund Campaign among Korean-American churches, developed ministry resources, and fostered international mission, peace movement, and relationships with Korean Methodist Church in Korea and Korean diaspora.

**ADCA, pg. 705**

### **20538 - Asian-American Language Ministry Plan**

**Petition Number: 20538-GM-Non-Dis;** Kemper, Thomas for the General Board of Global Ministries

*Be it resolved that* the 2020 General Conference approves the continuation of the Asian American Language Ministry Plan for Asian American ministry as described in the Plan's Report and Recommendation to the General Conference, along with the funds contained in the World Service proposal, to fulfill the mission and goals of the Plan.

**Rationale:** Asian-American communities are ripe mission fields for sharing the gospel and strengthening ministries with the unchurched and non-Christians. This diverse diaspora includes at least 12 sub-ethnic groups that desire to interact with each other despite language and cultural differences. AALP is equipped to expand UMC engagement with these communities.

**ADCA, pg. 705-706**

# BOOK OF RESOLUTIONS PETITIONS

## 20633 - Religious Freedom: Grounded in Love

**Petition Number 20633-GM-R9999-G**; Kemper, Thomas, for the General Board of Global Ministries

“For you were called to freedom, brothers and sisters; only do not use your freedom as an opportunity for self-indulgence, but through love become slaves to one another. For the whole law is summed up in a single commandment, ‘You shall love your neighbor as yourself.’ If, however, you bite and devour one another, take care that you are not consumed by one another.” (Galatians 5:13-15)

The many Epistles in the New Testament were addressed to, and read by, small faith communities facing religious persecution and political repression. The early church often faced beatings, imprisonment, and death for the public expression of their faith. As a religious minority, early Christian communities were frequently accused of blasphemy against the dominant religion and/or of being a political opposition group that must be suppressed. From the start, Christians have asserted our right to freely respond to God’s grace at work in our lives.

Throughout history many different religious communities, notably minorities, have maintained their faithfulness as they faced similar accusations and violent repression. Too often those seeking to maintain or attain political power have yoked religious fervor with use of violence and repression against ‘the other.’ As Paul warned the Galatians long ago, today too many neighbors of different faiths are devouring one another rather than living together in mutual respect and love. Religious freedom seeks to restore the rule of love that binds us through our diversity, over against the ways of fear, hate and violence that keep us divided.

At the same time, history gives us many examples of people of different faiths living side by side in cooperation and conversation with one another. We affirm that often we learn more about, and deepen, our own faith when we share and engage with others.

With the Protestant Reformation and the Enlightenment, western Christian societies placed increasing emphasis on the individual and one’s personal relationship with God. The rights of the individual, in contrast to the State or the Church, gave rise to the modern human rights movement culminating in the Universal Declaration of Human Rights (1948) and succeeding international human rights treaties. These rights include freedom of religious belief and have served as a foundation for much of modern calls for religious freedom. Religious freedom, as a human right, involves not only every individual’s freedom of belief, thought, and conscience, but also a person’s right to change one’s belief. Religious freedom flourishes when societies welcome diverse faith communities gathering in worship and living out their respective faith traditions as integral parts of society.

The insistence on religious freedom as a human right does not necessarily mean an end to repression but rather the affirmation from a Christian perspective that love of God and love of neighbor is more powerful than government repression, hate speech and violent, extremist threats. The words from 1st Peter demonstrate the power of religious freedom in contrast to a spiraling cycle of violence and repression: “Do not repay evil for evil or abuse for abuse; but, on the contrary, repay with a blessing.... Now who will harm you if you are eager to do what is good? But even if you do suffer for doing what is right, you are blessed. Do not fear what they fear, and do not be intimidated, but in your hearts sanctify Christ as Lord. Always be ready to

make your defense to anyone who demands from you an accounting for the hope that is in you; yet do it with gentleness and reverence. Keep your conscience clear, so that, when you are maligned, those who abuse you for your good conduct in Christ may be put to shame.” (1 Peter 3:9, 13-16)

Our commitment to religious freedom leads us to challenge any secular or religious claim to the right to impose one religious way onto others by political, economic, or military force. When any religion is used to justify violence or hateful attacks on others, God mourns, and God calls us all to repent and seek an end to such violence. In humility, we affirm that God’s love is too strong, too broad, and too deep for any of us to constrain or prescribe how God continues to work among us all. Accepting God’s grace at work in transforming our lives, we are both free and at the same time compelled to share how God’s love manifests itself in our lives and in the world today. We testify to God’s love both through sharing the good news and through our love of neighbors and love of enemies. Yet if we do not respect, honor and listen to our neighbors, and especially our enemies, then we have not love. (1 Corinthians 13:1-7)

Religious freedom, grounded in love, invites us into the hard work of dialog, listening and sharing with different faith communities, and also to acts of reconciliation across boundaries that divide our own Christian communities. The letter of Colossians offers us guidance in our interfaith and intercultural efforts. “Bear with one another and, if anyone has a complaint against another, forgive each other; just as the Lord has forgiven you, so you also must forgive. Above all, clothe yourselves with love, which binds everything together in perfect harmony.... Conduct yourselves wisely toward outsiders, making the most of the time. Let your speech always be gracious, seasoned with salt, so that you may know how you ought to answer everyone.” (Colossians 3:13-14 & 4:5-6)

In the letter to the Romans, Paul urges, “Let love be genuine; hate what is evil, hold fast to what is good; love one another with mutual affection; outdo one another in showing honor. Do not lag in zeal, be ardent in spirit, serve the Lord. Rejoice in hope, be patient in suffering, persevere in prayer. Contribute to the needs of the saints; extend hospitality to strangers. Bless those who persecute you; bless and do not curse them ... . Do not repay anyone evil for evil, but take thought for what is noble in the sight of all.” (Romans 12:9-14, 17)

Following the wisdom of Paul, we seek societies where all faith communities are honored and treat one another with mutual respect. At the same time, whenever freedom of religion is denied or people are discriminated against on the basis of their religious belief or practice, we are called to speak out and to resist all such discrimination in non-violent, loving ways. Blessing those who persecute does not mean accepting the violence of persecution. Rather, it requires resistance grounded in love.

“Love does no wrong to a neighbor; therefore, love is the fulfilling of the law.” (Romans 13:10) Thus, we challenge actions and government policies that misuse the notion of religious freedom in ways that would harm others by denying anyone services, honor, dignity, equal rights and equal protection. Such actions that harm or discriminate against others are not expressions of religious freedom. Moreover, love does not allow a neighbor, or an enemy, to keep doing wrong even in the name of religion. Religious freedom grounded in love does not mean “anything goes.” It does not condone silence in the face of violent repression of anyone’s religion. On the contrary, the letter to the Ephesians insists that we take on an often painful, hard task: “So then, putting away falsehood, let all of us speak the truth to our neighbors, for we are members of one another.” (Ephesians 4:25) We must speak out and act whenever religious freedom is denied but always in a spirit of love and respect for all.



*Therefore, The United Methodist Church, its agencies, institutions and members are called to:*

1. Honor, respect, and advocate for religious freedom for all faith communities through prayer, study, interfaith sharing, and listening as expressions of our love for all.
2. Urge all governments to respect the right of religious freedom in their laws and practices; and to welcome a diversity of religious expressions as serving the common good in every society.
3. Join with ecumenical and interfaith partners to advocate, through education and political action, to protect and further religious freedom wherever it is denied or threatened. Indeed, we take the words of Paul to Corinth to heart: “If one member suffers, all suffer together with it; ...” (1 Corinthians 12:26)
4. Extend the compassionate ministry of the church to persons who suffer because either religious or governmental authorities seek to deny these rights to them.
5. Offer support to the mandate of the United Nations Special Rapporteur on Religious Intolerance and other international efforts seeking to protect and promote religious freedom as a human right.

*See Social Principles, ¶165C, D*

**Rationale:** Long affirming religious freedom for all, UMC resolutions historically were grounded primarily in the language of human rights and international law. But this resolution, modelled on the same foundation as early church communities, is *grounded in agape love* and respect for neighbors, including the vulnerable, the outcast and even enemies.

**ADCA, pg. 721-723**

### **20548 - The Church and Deaf Ministries Steering Committee**

**Petition Number: 20548-GM-R3004-G;** Kemper, Thomas for the General Board of Global Ministries

**Re-adopt resolution in its entirety.**

**Rationale:** General Conference 2000 established the Committee to lead the global church to become inclusive and engaged with Deaf, hard of hearing, late-deafened, or Deaf-blind people so that these lay and clergy would feel welcomed and included in worship and service to the church and world.

**ADCA, pg. 708**

### **20547 - A Covenant to Care: Recognizing and Responding to the Many Faces of HIV/AIDS in the USA**

**Petition Number: 20547-GM-R3241;** Kemper, Thomas for the General Board of Global Ministries

## **Re-Adopt as Amended:**

United Methodists have been in ministry since the beginning of the HIV/AIDS pandemic. They have followed the way of healing, ministry, hospitality, advocacy and service shown by Jesus Christ. According to the Gospel of Luke (4:16-21), Jesus identified himself and his task with that of the servant Lord, the one who was sent to bring good tidings to the afflicted, hope to the brokenhearted, liberty to the captives, and comfort to all who mourn, giving them the oil of gladness and the mantle of praise instead of a faint spirit (Isaiah 61:1-3). God's Word calls us to a ministry of healing, a ministry that understands healing not only in physiological terms but also as wholeness of spiritual, mental, physical, and social being.

### *The Context of Caring Ministry in the United States*

In recent years, AIDS in the United States has received less media attention, but that does not mean the disease has gone away. Though medical drugs can prolong the life of people who have been infected, there is no cure for AIDS. Not only must our commitment to ministry continue, but it must also expand, particularly in the area of prevention education.

HIV/AIDS affects and infects a broad cross-section of people in the United States ~~and Puerto Rico~~: all ages, all races, both sexes, all sexual orientations. ~~The cumulative number of AIDS cases reported to Centers for Disease Control (CDC) through December 2008 is 1,106,391. Adult and adolescent AIDS cases total 851,974 among males and 211,804 among females.~~<sup>[1]</sup> According to Centers of Disease Control (CDC), at the end of 2016, 1,008,929 people in the United States, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands were diagnosed with HIV infection. The

number of new cases reported in 2017 was 38,739.

<https://www.cdc.gov/hiv/statistics/overview/index.html>.

In the early 1980s, most people with AIDS were gay white men. Overall incidences of new cases of AIDS increased rapidly through the 1980s, peaked in the early 1990s, and then declined. However, new cases of AIDS among African Americans increased. By 1996, more cases of AIDS were reported among African Americans than any other racial/ethnic population. ~~The number of people diagnosed with AIDS has also increased, with American Indians and Alaska Natives in 2005 ranking 3rd after African Americans and Hispanics.<sup>2</sup> In 2005, the rate of adult/adolescent AIDS cases per 100,000 population was 71.3 among African Americans, 27.8 among Hispanics, 10.4 among Native Americans/Alaska Natives, 8.8 among whites, and 7.4 among Asians/Pacific Islanders.[2] Though national surveillance data does not record the hearing status of people with HIV/AIDS, the Department of Health and Human Services believes that deaf and hard of hearing people have been disproportionately infected with HIV.[3]~~

The CDC tracks diagnoses of HIV infection among seven racial and ethnic groups. In 2017, the African American community ranked first (16,694); then White (10,049); Hispanic/Latino (9,908); Asian (945); American Indian/Alaska Native (212), People of multiple races (872), and Native Hawaiian/Other Pacific Islander (59). <https://www.cdc.gov/hiv/basics/statistics.html>.

At the end of 2015, CDC estimated that of the 1.1 million people who had HIV, about 15%, or 1 in 7, did not know they were infected. (In 2006, 25% were unaware of their status.)

<https://www.cdc.gov/hiv/statistics/overview/index.html>.

~~As of December 2006, according to CDC estimates, more than one million people in the United States were infected with HIV. One-quarter of these were unaware of their status!~~

~~Approximately 56,300 new HIV infections occur each year: about 75 percent men and 25 percent~~

women. Of these newly infected people, almost half are African Americans, 30 percent are white, 17 percent are Hispanic. A small percentage of men and women are part of other racial/ethnic groups.[4] No longer is HIV a disease of white gay men or of the east and west coast; it has not been for more than a decade. In 2007, 40 percent of persons with AIDS were living in the South, 29 percent in the Northeast, 20 percent in the West, 11 percent in the Midwest, and 3 percent in the US territories.[5] Southern states account for about 44% of all people diagnosed with HIV in the U.S., although those states represent only 37% of the U.S population. The South has higher diagnosis rates in suburban and rural areas as compared to other regions nationwide and this challenges prevention efforts. African Americans, both women and men, account for 54% new diagnoses in 2014. <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>.

The large and growing Hispanic population in the United States is also heavily affected by HIV/AIDS. Although Hispanics accounted for 14.4 percent of the United States population in 2005, they accounted for 25.6 18.9-percent of all new AIDS diagnoses in 2017. persons who received an AIDS diagnosis.[8] <https://www.cdc.gov/hiv/statistics/overview/index.html>.

United Methodist churches, districts, and conferences can help to stop the spread of HIV/AIDS by providing sound, comprehensive, age appropriate and culturally sensitive preventive education, including information that abstinence from both sex and injection drug use is the safest way to prevent HIV/AIDS. In addition, the church can provide grounding in Christian values, something that cannot be done in public schools or in governmental publications on HIV/AIDS.

Youth and Young Adults: AIDS is increasingly affecting and infecting our next generation of leaders, particularly among racial and ethnic minorities. In 2007, African American blacks and Latinos/Hispanics accounted for 87 percent of all new HIV infections among 13 to 19 year olds

and 79 percent of HIV infections among 20- to 24-year-olds in the United States, even though together they represent only about 32 percent of people in these ages.[6]

HIV is affecting our next generation of leaders, particularly those from racial and ethnic minorities. In 2017 young people aged 13-24 accounted for 21% of all new infections. They were largely from minority groups. <https://www.cdc.gov/hiv/statistics/overview/index.html>.

~~Racial and Ethnic Minorities: African Americans, Hispanics and Native Americans have been disproportionately infected with HIV/AIDS. Representing only an estimated 12 percent of the total US population, African Americans make up almost half, 45 percent, of all AIDS cases reported in the country. While there were fewer new HIV infections among black women than black men in 2006, CDC's new analysis finds that black women are far more affected by HIV than women of other races.[7]~~

~~It is critical to prevent patterns of risk behaviors that may lead to HIV infection before they start. Clear communications between parents and their children about sex, drugs, and AIDS is an important step. Church, school, and community-based prevention education is another step. Youth and young adults must be actively involved in this process, including peer education. The large and growing Hispanic population in the United States is also heavily affected by HIV/AIDS. Although Hispanics accounted for 14.4 percent of the United States population in 2005, they accounted for 25.6 18.9 percent of all new AIDS diagnoses in 2017. persons who received an AIDS diagnosis.[8] <https://www.cdc.gov/hiv/statistics/overview/index.html>.~~

Women: AIDS among women has been mostly “an invisible epidemic” even though women have been affected and infected since the beginning. Young Wwomen of color are especially impacted. ~~by the disease.~~ Though in recent years HIV diagnoses among women have declined, in 2017 more than 7,000 women received an HIV diagnosis in the United States and

the associated areas of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands. 59% of these were Black or African American, and in 86% of these cases, transmission was through heterosexual contact.

<https://www.cdc.gov/hiv/group/gender/women/index.html>. The majority of female adults and adolescents living with an HIV diagnosis in 2008 were infected with the virus through heterosexual contact (73 percent). An estimated 15 percent of diagnosed HIV infections in 2009 among females were attributed to injection drug use.[9] Of the total number of new HIV infections in US women in 2009, 57 percent occurred in blacks, 21 percent were in whites, and 16 percent were in Hispanic/Latinas.[10] Reducing the toll of the epidemic among women will require efforts to combat substance abuse and reduce HIV risk behaviors.[10]

People who are Deaf, Late-Deafened, and Hard of Hearing: In the United States, Because studies on the deaf or hard of hearing in the United States are limited, and it is unclear how many people in this sub-population are living with HIV/AIDS; but the number it is significant.

<https://www.poz.com/article/Silence-Deaf-1609-1512>. Estimates fall into a wide range of 8,000 to 40,000 people.[11] The National Center for Health Statistics reports that adults with hearing loss have poorer health and increased risk of engaging in health risk behaviors than adults with good hearing. The rate of substance use disorder among deaf or hard of hearing is higher than among the general population. Substance use, in turn, is linked to higher risk for HIV infections.[11] Undergraduate deaf college students scored significantly lower on the HIV/AIDS Knowledge Index than hearing undergraduate students. This lack of knowledge about HIV disease contributes to the fact that the deaf are often not diagnosed with HIV until symptomatic and die sooner than hearing individuals.[11] Many people erroneously assume that American Sign Language (ASL) users have high English proficiency, but the truth is that ASL has its own

grammar and syntax and communicates in concepts. As a result, HIV prevention and treatment materials are often culturally inappropriate and linguistically incomprehensible for the deaf and hard of hearing.<sup>11</sup> Developing communication methods appropriate for the deaf or hard of hearing may help reduce health risk behaviors in this population and ensure equal access to health services. These methods may include peer to peer communication, as research suggests that the deaf are more likely to learn from each other rather than from formal information sources.<sup>11</sup>

Older Adults: The number of persons 50 years and older living with HIV/AIDS has been increasing in recent years.<sup>12</sup> In 2017, persons aged 50 and older accounted for 17% of new HIV infections. <https://www.cdc.gov/hiv/statistics/overview/index.html>. ~~2005, persons aged 50 and older accounted for 24 percent of persons living with HIV/AIDSs (increased from 17 percent in 2001).~~ Some older persons may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves.<sup>[12]</sup> Reaching this group of people with HIV prevention messages means exploring avenues such as church, widows' support groups at senior centers, and Golden Age Clubs at community centers and churches.

Drug-Associated HIV Transmission: In 2015, 6 percent of all new HIV diagnoses in the United States were attributed to ~~in~~ Since the epidemic began, intravenous injection drug use (IDU). If the current rates continue, 1 in 23 women and 1 in 36 men who inject drugs will be diagnosed with HIV in their lifetime. <https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-idu-fact-sheet.pdf>. ~~has directly and indirectly accounted for more than one third (36 percent) of AIDS cases in the US. Racial and ethnic minorities in the US are most heavily affected by IDU-associated AIDS. In 2000, IDU-associated AIDS accounted for 26 percent of all cases among African Americans and 31 per cent among Hispanic adults and adolescents, compared with 19~~

~~percent of all cases among white adults/adolescents. Noninjection drugs such as cocaine also contribute to the spread of the epidemic when users trade sex for drugs or money, or when they engage in risky sexual behavior that they might not engage in when sober.[13]~~

HIV prevention and treatment, substance abuse prevention, and sexually transmitted disease treatment and prevention services must be better integrated to take advantage of the multiple opportunities for intervention:—first, to help uninfected people stay that way; second, to help infected people stay healthy; and third, to help infected individuals initiate and sustain behaviors that will keep themselves safe and prevent transmission to others. Efforts such as needle exchange programs need to be implemented and/ or expanded in order for the spread of HIV to be reduced.

It is critical to prevent patterns of risky behaviors that may lead to HIV infection before they start. Clear communications between parents and their children about sex, drugs, and AIDS is an important step. Church, school, and community-based prevention education is another step. Youth and young adults must be actively involved in this process, including peer education.

### *The Challenge for Ministry*

Across the United States, in churches large and small, pastors and laity have asked, “What can my church do?” Churches can build on areas which are already doing well; they can covenant to care. Churches and other United Methodist organizations need to continue or begin compassionate ministry with persons living with HIV/AIDS and their loved ones. In terms of prevention education, United Methodists have an opportunity to teach not only the facts about HIV transmission and how to prevent infection but to relate these facts to Christian values. Congregations can do HIV/AIDS prevention education in broader contexts, such as human



sexuality and holistic health, as well as addressing societal problems, such as racism, sexism, addiction, and poverty. We call on United Methodists to respond:

1. Churches should be places of openness and caring for persons with AIDS and their loved ones. We ask congregations to work to overcome attitudinal and behavioral barriers in church and community that create stigma and discrimination of persons with AIDS and their loved ones. Congregations can offer Christian hospitality and become arks of refuge to all. We must remember that:

- the face that AIDS wears is always the face of a person created and loved by God;
- the face that AIDS wears is always the face of a person who is someone's mother or father, husband or wife, son or daughter, brother or sister, loved one or best friend;
- the face that AIDS wears is always the face of a person who is the most important person in someone else's life.

2. Each congregation and annual conference, through their church and society committees, should mobilize persons for legislative advocacy at the local, state, and national levels to support for HIV/AIDS initiatives in the United States. These advocacy efforts will be strengthened through partnerships with organizations/coalitions who are currently involved in this issue.

3. Educational efforts about AIDS should use reliable medical and scientific information about the disease, transmission, and prevention. Two more recent and impactful initiatives are:

- U=U (Undetectable = Untransmissible): Anti-Retroviral medication taken consistently can reduce a person's viral load until it cannot be detected or transmitted. Having an undetectable viral load is the best thing people with HIV can do to stay healthy. In addition to that, they have effectively no risk of transmitting HIV to an HIV-negative partner through sexual contact.  
<https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-tasp-101.pdf>
- PrEp (pre-exposure prophylaxis): A daily medication that can reduce the chance of infection through sexual contact by more than 90%.  
<https://www.cdc.gov/hiv/pdf/library/factsheets/prep101-consumer-info.pdf>

Spiritual resources must also be included to enable people to address issues related to discipleship, ministry, human sexuality, health and wholeness, and death and dying.

Education helps to prepare congregations to respond appropriately when they learn that a member has been infected by the HIV virus or diagnosed with AIDS. It can lead to the development of sound policies, educational materials and procedures related to the church school, nurseries, and other issues of institutional participation. Prevention education can save lives.

4. Each congregation should discern the appropriate response for its context. Ministries should be developed, whenever possible, in consultation and collaboration with local departments of public health and with other United Methodist, ecumenical, interfaith, and community-based groups concerned about the HIV/AIDS pandemic. Congregations can organize to provide spiritual, emotional, physical and/or financial support to those in their community who are caring at home or elsewhere for a person who has AIDS. Projects might include observing events such

as World AIDS Day (December 1) and the Black Church Week of Prayer for the Healing of AIDS (first week in March), sponsoring support groups for people with AIDS and their loved ones, developing strong general church programs for children and youth that also include AIDS education, pastoral counseling, recruiting volunteers, and offering meeting space for community-based organizations, including groups trying to overcome substance abuse and sexual addiction.

5. The People of the United Methodist Church has a congregational HIV/AIDS ministry are called to a the Covenant to Care Program, whose basic principle is “If you have HIV/AIDS or are the loved one of a person who has HIV/AIDS, you are welcome here.” We commend those who have been engaged in this welcoming ministry through this program and recommend this “Covenant to Care” to all United Methodist organizations. The United Methodist Global AIDS Committee works with a network for ambassadors whose role is one of care, support and information. More information is available on the website at UMGAC website: [www.umglobalaidsfund.com](http://www.umglobalaidsfund.com). More information is available on the General Board of Global Ministries’ website at <http://gbgm-umc.org/health/aids/>.[14]:

6. United Methodist churches, districts, and conferences can help to stop the spread of HIV/AIDS by providing sound, comprehensive, age-appropriate and culturally sensitive preventive education, including information that abstinence from both sex and intravenous injection drug use are the safest way to prevent HIV/AIDS. In addition, the church can provide grounding in Christian values, something that cannot be done in public schools or in governmental publications on HIV/AIDS. Resources on HIV/AIDS are available from the Global Health Unit of the United Methodist General Board of

Global Ministries (<https://www.umcmission.org/learn-about-us/our-work/global-health>)  
and from The United Methodist Global AIDS Committee ([www.umglobalaidsfund.com](http://www.umglobalaidsfund.com)).

- [1.] Centers for Disease Control and Prevention (CDC). *HIV/AIDS Surveillance Report* 2008. [http://www.cdc.gov/hiv/surveillance/resources/reports/2008\\_report/](http://www.cdc.gov/hiv/surveillance/resources/reports/2008_report/)
- [2.] National Institute of Allergy and Infectious Diseases (NIAID), Fact Sheet: HIV Statistics (December 2005). (31 January 2006)
- [3.] Department of Health and Human Services (HRSA) “Programs: The Deaf and Hard of Hearing and HIV/AIDS.” <http://hab.hrsa.gov/programs/fact-sheets/deaffact.htm> (4 March 2003)
- [4.] National Institute of Allergy and Infectious Diseases (NIAID), Fact Sheet: HIV Statistics (December 2002). (31 January 2003)
- [5.] Centers for Disease Control and Prevention, “US HIV and AIDS Cases Re-ported through December 2007 Year-end Report.”
- [6.] Advocates for Youth.
- [7.] Centers for Disease Control and Prevention, “HIV/AIDS among African Americans.” 2006. <http://www.cdc.gov/hiv/topics/aa/>
- [8.] Centers for Disease Control and Prevention, “HIV/AIDS among Hispanics in the United States.” 2006.
- [9.] Avert (Averting HIV and AIDS).
- [10.] Centers for Disease Control and Prevention, “HIV/AIDS among US Women.” 2009. <http://www.cdc.gov/women/pubs/std.htm>
- [11.] US Department of Health and Human Services, HIV/AIDS Bureau 2008 <http://hab.hrsa.gov/about/habpopulations/deafhardofhearingfacts.pdf>

~~[12.] Centers for Disease Control and Prevention, CDC HIV/Surveillance Report, 2005 <http://cdc.gov/hiv/topics/over50/resources/factsheets/over50.htm>~~

~~[13.] Centers for Disease Control and Prevention, “Drug-Associated HIV Transmission Continues in the United States,” 2002.~~

~~[14.] For more information about the Covenant to Care Program or the Church and HIV/AIDS Ministries, contact UMCOR, General Board of Global Ministries, Room 1500, 475 Riverside Dr., New York, NY 10115; Voice Phone: 212-870-3871; Fax: 212-870-3624; TDD: 212-870-3709. <http://www.gb-gm-umc.org/health/aids/>.~~

See Social Principles, ¶ 162U

**ADCA, pg. 709-713**

### **20546 - The Church and the Global HIV/AIDS Pandemic**

**Petition Number: 20546-GM-R3243-G;** Kemper, Thomas for General Board of Global Ministries

#### **Re-Adopt as Amended:**

In response to the global HIV/AIDS pandemic, The United Methodist Church will work cooperatively with colleague churches in every region. The Bible is replete with calls to nations, religious leaders, and faithful people to address the needs of those who are suffering, ill, and in distress. Jesus Christ reached out and healed those who came to him, including people who were despised and rejected because of their illnesses and afflictions. His identification with suffering people was made clear when he said that “whatsoever you do to the least of these, you also do to me” (Matthew 25:40, paraphrased). His commandment that “you should treat people in the same way that you want people to treat you” (Matthew 7:12) is a basis for the church for full involvement and compassionate response.

## *The Global Impact of HIV/AIDS*

The global statistics are still grim. Since the first cases of HIV were diagnosed and reported more than 35 years ago, 78 million people have become infected with HIV and 35 million have died from AIDS-related illnesses.

[http://www.unaids.org/en/whoweare/about?gclid=EA1aIQobChMItsm6hdqq4QIVEhgMCh2rugmDEAAYASAAEgIkD\\_BwE](http://www.unaids.org/en/whoweare/about?gclid=EA1aIQobChMItsm6hdqq4QIVEhgMCh2rugmDEAAYASAAEgIkD_BwE). In 2017 approximately 36.9 million people worldwide were living with HIV/AIDS. Of these, 1.8 million were children, under 15 years of age. That year about 1.8 million individuals were newly infected, which means approximately 5,000 new infections per day. However, new HIV infections have been reduced by 47% since the peak in 1996 and AIDS-related deaths have declined by more than 51% since the peak in 2004.

<https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics>. ~~At the end of 2007, 33 million adults and children were living with HIV/AIDS in the world; of these 31 million were adults and 2 million were children.~~

At this time, there is no cure for HIV/AIDS. It is ~~mainly~~ spread mainly through intimate sexual contact with an infected person, by needle-sharing among injecting drug users, from mother to child at birth or during breastfeeding and, less commonly, through transfusions of infected blood or blood clotting factors. HIV can also be contracted if unsterilized needles tainted with infected blood are used by health care workers, tattooists, and acupuncturists. Other routes of transmission are through transplantation of organs from infected individuals, donated semen, and skin piercing instruments used in cosmetic, traditional, and ceremonial practices. AIDS is not caused by witchcraft, mosquito bites, or nonsexual contact such as shaking hands or hugs.

The HIV/AIDS pandemic compounds the strain on institutions and resources, while at the same time undermining social systems that enable people to cope with adversity. In seriously

affected nations, HIV/AIDS compromises education and health systems, shrinks economic output and undermines sociopolitical stability. ~~With life expectancy falling and the labor force becoming decimated, many countries are facing low economic growth rates. In parts of southern Africa, a food shortage has added to the woes. Agricultural productivity is declining as more and more women and young people are infected and become unable to work in the fields. The ramifications of HIV/AIDS are particularly grave for societies where the extended family is the system of social security for the care of elderly people, those who are ill, and orphans. However, where HIV counseling, testing and ongoing treatment are available, people living with HIV live better and longer. Stigma becomes the major source of harm and it stops people from accessing services.~~

### *Women and Children*

Women and children have been affected in increasing numbers. ~~Deaths from AIDS have left 15 million orphans in Africa. Over 13.4 million children are living without one or both parents due to AIDS and about 95% live with their extended family. More than 80% live in sub-Saharan Africa. <https://www.pepfar.gov/press/258063.htm>. These children are being looked after by extended families, older siblings in child-headed households, and orphan trusts. Older relatives, especially women, have to bear an enormous burden of taking care of the orphans. In countries that are also affected by war and civil strife, children and young people are more vulnerable to becoming infected with HIV because they are at the higher risk of sexual abuse, forced military recruitment and prostitution.~~

This burden is increased when women are also faced with stigma and discrimination and the hardships of civil strife, war, and famine. HIV disproportionately affects women and adolescent girls because of vulnerabilities created by unequal cultural, social and economic

status. Women often have less status and less access to education, health care, and economic security than men, which in turn affect their ability to protect themselves from infection. Many cannot say “no” or negotiate the use of condoms because they fear they will be divorced or that their husband or other male partner will respond by battering them. Pregnant women who are HIV positive may be subjected to forced sterilizations or abortions. The use of rape and sexual violence as instruments of war adds a further serious dimension. Consequently, women account for more than 50% of people living with HIV worldwide. Young women (10-24 years old) are twice as likely to acquire HIV as young men the same age. Restricted social autonomy of women and young girls can reduce their ability to access sexual health and HIV services.

<https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/women>. ~~As of 2008 according to UNAIDS, 16 million of the 33 million persons infected with AIDS are women.~~

Health budgets and resources are being adversely affected in countries that have to care for increasing numbers of citizens afflicted with HIV/AIDS. ~~For example, it costs approximately \$200 to treat a person for a year using the cheapest form of generic antiretroviral drugs.~~ In 2000, the cost of a year’s supply of first-line HIV treatment was about US \$10 000 per person; however, in 2012, it was less than \$100 per person.

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/july/20120706prafricatreatment>. Yet, ~~but~~ very few can afford this medicine in sub-Saharan Africa.

Antiretroviral drugs and other medicines must be made available at an affordable cost, especially in sub-Saharan Africa. Until effective preventive strategies are implemented, helpful medicines are made universally available, and an effective vaccine is introduced, the future is bleak for deterring the spread of HIV/AIDS.



The suffering borne by individuals, families, and communities and the strain placed on health-care facilities and national economies, call for intensified cooperative efforts by every sector of society, including the church, to slow and prevent the spread of HIV, provide appropriate care of those already ill and speed the development of an effective and affordable vaccine. Those caring for AIDS patients need support too. Communities, health-care workers, and home-care programs must be equipped to meet the challenge.

### *Drugs and AIDS*

~~Of the 33 million persons living with HIV, one million are intravenous injecting drug users. Many more have used, and continue to use, alcohol and other drugs.~~

~~The international drug trade knows no boundaries or frontiers and has no specific national identity. It is now worth an estimated \$400 billion per year and is organized and managed like a multi-national corporation. Drugs of all kinds are now produced in all regions of the world. Despite its illegality, drug production and distribution has become a major source of revenue for many countries. The most lucrative markets remain in the United States and Western Europe, but consumption is spreading fast in Eastern Europe, Southeast Asia, and throughout Africa.~~

~~In the United States, an estimated one-third of HIV/AIDS cases are related to injecting drug use. Substance abuse is directly tied to the increase in HIV/AIDS among women. Women are primarily infected with HIV through injecting drugs (48 percent) or heterosexual transmission from an infected partner, who is often himself a drug user (54 percent).~~

People who inject drugs are among the groups most vulnerable to HIV infection. It is estimated that people who inject drugs are 22 times more likely to acquire HIV than the general

population. On average one in ten new HIV infections is caused by the sharing of needles. 13.1% of approximately 11.8 million people who inject drugs worldwide are thought to be living with HIV.

People who inject drugs often have the least access to HIV prevention, treatment and healthcare because drug use is criminalized and stigmatized. These people often are living in poverty. <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs>.

In 2015, 6% of HIV diagnoses in the United States were attributed to IDU and another 3% to male-to-male sexual contact and IDU. 59% of infections were among men, and 41% among women. If current rates continue, 1 in 23 women who inject drugs and 1 in 36 men who inject drugs will be diagnosed with HIV in their lifetime.

<https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-idu-fact-sheet.pdf>.

Research has shown over and over again that drug use, injected or otherwise, can affect decision-making, especially about engaging in unsafe sex, which in turn promotes the spread of AIDS.

### *The Role of United Methodists*

The global AIDS pandemic provides a nearly unparalleled opportunity for witness to the gospel through service, advocacy, and other healing ministries. United Methodist public health specialists, health workers, social workers, teachers, missionaries, clergy, and laity live and work in areas where the AIDS pandemic is spreading. United Methodist congregations, schools, health facilities, women's, men's, and youth groups can play a major role by providing awareness, support, education, and care to those affected by HIV/AIDS.

### *Recommendations*

In response to the HIV/AIDS crisis in the world, The United Methodist Church commits itself to a holistic approach of awareness, education, prevention, treatment, community organizing and public advocacy. Out of our love and concern for our brothers, sisters and children in our local and global communities, the following actions are strongly recommended.

*A. Local congregations worldwide to:*

1. be places of openness where persons whose lives have been touched by HIV/AIDS can name their pain and reach out for compassion, understanding, and acceptance in the presence of persons who bear Christ's name;
2. provide care and support to individuals and families whose lives have been touched by HIV/AIDS;
3. be centers of education and provide group support and encouragement to help men, women, and youth refrain from activities and behaviors associated with transmission of HIV infection;
4. advocate for increased levels of funding for HIV/AIDS. In the United States, persons should contact their US Congresspersons and urge adequate funding for the Global Fund for AIDS, tuberculosis, and malaria as well as the United States' bilateral initiatives on AIDS. Additionally, funding for the United Nations Population Fund (UNFPA) must be guaranteed from the United States each year. UNFPA works diligently to provide resources for reproductive health of women and girls as well as HIV/AIDS prevention;
5. observe World AIDS Day on or around December 1 each year. Materials for World AIDS Day are available from the websites of UNAIDS

(~~<http://www.unaids.org>~~(<https://www.unaids.org/en/site-search/#?cludoquery=world%20aids%20day%202018&cludopage=1&cludorefurl=https%3A%2F%2Fwww.unaids.org%2Fen%2Fresources%2Ffact-sheet&cludorefpt=Global%20HIV%20%26%20AIDS%20statistics%20%E2%80%94%202018%20fact%20sheet%20%7C%20UNAIDS&cludorefact=%20World%20AIDS%20Day&cludorefaci=6>), the General Board of Global Ministries (See [https://www.globalministries.org/special\\_days\\_aids\\_day\\_index](https://www.globalministries.org/special_days_aids_day_index)) (~~[http://www.umcor.org/UMCOR/Programs/Global\\_Health/HIV/](http://www.umcor.org/UMCOR/Programs/Global_Health/HIV/)~~), and the General Board of Church and Society (<http://www.umc-gbcs.org>; <https://www.umesc.org/just-save-one-world-aids-day-a-chance-to-extend-gods-grace/>));

6. include problems of alcohol, drug abuse and unsafe sex and the value of abstinence as part of Christian education;
7. provide support, comfort, and care to those afflicted with alcohol-related problems, drug addiction and HIV/AIDS within their given mandate and work to implement needle exchange programs locally as a means of reducing the spread of AIDS;
8. make available creative programs and activities for school children, youth, and young adults that keep them away from alcohol and drug abuse; and
9. promote and make available peer education models based on empowerment and self-determination.

*B. General program agencies to:*

1. assist related health institutions to obtain supplies and equipment to screen donated blood and provide voluntary HIV testing;

2. support efforts by churches, projects, and mission personnel within regions to promote disease prevention and to respond to the needs of family care providers and extended families;
3. facilitate partnership relationships between institutions and personnel from region to region, as appropriate, to share models and effective approaches regarding prevention, education, care, and support for individuals and families with HIV/AIDS;
4. assist health workers to obtain regional specific, timely updates on the diagnosis, treatment, and prevention of HIV/AIDS;
5. facilitate the sharing of pastoral-care resources and materials dedicated to the care of persons and families whose lives have been touched by HIV;
6. respond to requests from the regions to develop training seminars and workshops for church-related personnel in cooperation with ecumenical efforts, private voluntary organizations, and programs already existing in the regions;
7. advocate national, regional, and international cooperation in the development, availability, and transport of appropriate/ relevant equipment and supplies for infection control, disease prevention, and treatment;
8. support programs that focus on the enhancement of women through economic justice and education as well as programs that provide comprehensive reproductive health services, family planning, and HIV/AIDS prevention information;
9. ~~work cooperatively with~~ obtain resources from the General Board of Church and Society Office of the Special Program on Substance Abuse and Related Violence (SPSARV) of the General Board of Global Ministries on issues related to drugs and AIDS (<https://www.umcjustice.org/what-we-care-about/health-and->

[wholeness/addictions; https://www.umcjustice.org/documents/6;](https://www.umcjustice.org/documents/6;wholeness/addictions)

<https://www.umcjustice.org/what-we-care-about/health-and-wholeness/hiv-aids>), as

well the Global Health Unit of the General Board of Global Ministries; and

10. urge the federal government to improve interagency cooperation and coordination to fight the double scourge of drugs and AIDS. (General Board of Church and Society). ~~and General Board of Global Ministries).~~

*C. Annual conferences to:*

1. explore HIV prevention and care needs within their areas and to develop conference-wide plans for appropriate, effective responses;
2. promote pastoral responses to persons with HIV/AIDS that affirm the presence of God's love, grace, and healing mercies;
3. encourage every local church to reach out through proclamation and education to help prevent the spread of HIV infection and to utilize and strengthen the efforts and leadership potential of men's, women's, and youth groups.

*D. Episcopal leaders to:*

1. issue pastoral letters calling for compassionate ministries and the development of educational programs that recognize the HIV/AIDS epidemic as a public health threat of major global and regional significance;
2. provide a level of leadership equal to the suffering and desperation that individuals, families, and communities are experiencing; and
3. ~~Partner with the UMC Global AIDS Fund to mobilize funding for AIDS projects around the world and in the annual conferences.~~ Consult the UM Global Aids Committee regarding program ideas and resources.

### *God's Unconditional Love and Christ's Healing Ministry*

The unconditional love of God, witnessed to and manifested through Christ's healing ministry, provides an ever-present sign and call to the church and all persons of faith to join efforts to prevent the spread of HIV, provide care and treatment to those who are already infected and ill, uphold the preciousness of God's creation through proclamation and affirmation, and be harbingers of hope, mercy, goodness, forgiveness, and reconciliation within the world.

The United Methodist Church unequivocally condemns stigmatization and discrimination of persons with HIV/AIDS and violence perpetrated against persons who are or are presumed to be infected with HIV. The United Methodist Church advocates the full involvement of the church at all levels to be in ministry with, and to respond fully to the needs of, persons, families, and communities whose lives have been affected by HIV/AIDS. In keeping with our faith in the risen Christ, we confess our belief that God has received those who have died, that the wounds of living loved ones will be healed, and that Christ, through the Holy Spirit, is present among us as we strive to exemplify what it means to be bearers of Christ's name in the midst of the global HIV/AIDS pandemic.

See Social Principles, ¶¶ 165B and 162U

**ADCA, pg. 713-717**

### **20545 - United States-China Political Relations**

**Petition Number: 20545-GM-R6051;** Kemper, Thomas for the General Board of Global Ministries

**Re-Adopt Resolution in its entirety.**

**Rationale:** This resolution, dating back to 1984, recognizes the value of the constructive, mutually beneficial, peaceful relations and partnerships the United States has with the People's

Republic of China and Taiwan. Re-adopting the resolution will affirm the importance of maintaining those relationships, notwithstanding existing conflicts, tensions and human rights issues.

## **20544 - Seeking Peace in Afghanistan**

**Petition Number; 20544-GM-R6128-G;** Kemper Thomas for the General Board of Global Ministries

### **Re-Adopt as Amended:**

*Neither by power, nor by strength, but by my spirit, says the LORD of heavenly forces.*

Zechariah 4:6

US military involvement in Afghanistan now represents the longest war in US history. The involvement of North American Treaty Organization (NATO) forces constitutes the largest military operation outside of its role in Europe. For Afghans, the current war involving more than 100,000 foreign military troops is simply the latest in a long history of foreigners trying to impose by military might their own agenda in Afghanistan.

While generals and government officials all acknowledge that there is “no military solution” in Afghanistan, they continue to place their primary trust in weapons. Yet the psalmist reminds us, “A warhorse is a bad bet for victory; it can’t save despite its great strength” (Psalm 33:17).

Tragically, the situation on the ground has worsened. ~~The number of US/NATO foreign troops in Afghanistan has tripled since 2008,<sup>1</sup> and so has the number of improvised explosive devices (IEDs). Consequently, civilian~~ Civilian casualties have escalated significantly, with many going unreported. The majority of the public in the United States and NATO countries opposes ongoing war and troop involvement. Most Afghans want an end to decades of war and for foreign troops to leave.

Since 2006, the ~~steady increase~~ continued presence of troops has fanned popular



resentment at foreign troops and the corrupt Afghan government officials they support. ~~More troops both foreign and Afghan has increased the~~ The number of violent attacks by insurgents and coalition forces alike has increased and devoted precious resources to weapons rather than health care, education, and community development.

The war has expanded to Pakistan as well. Armed insurgent groups operate on both sides of the Afghanistan-Pakistan border, and the United States has greatly increased unmanned drone strikes in remote Pakistani villages. Very little effort is made to account for civilian casualties from these strikes, and some bombings are based on faulty intelligence. Such remote bombings- especially in noncombat zones- create widespread resentment among the families and communities hit, making them a recruiting tool for armed groups. These attacks in noncombat zones are similar to targeted assassinations or extrajudicial killings that are strongly prohibited under international law and sharply criticized by the United Nations Special Rapporteur on Extrajudicial killings and numerous human rights advocates. It sets a disturbing precedent for governments to take the law into their own hands.

For more than ~~30~~40 years, governments and armed groups have pumped billions of dollars in weapons into Afghanistan with bitter consequences for the people. The continuing militarization of Afghan society has taken significant resources away from diplomatic and development work in a deeply impoverished, war-torn land. United Methodists have long expressed concern that those who suffer the most in war are women and children. Indeed, Afghanistan has one of the highest infant<sup>2</sup> and maternal mortality<sup>3</sup> rates (see <https://data.worldbank.org/indicator/SH.DYN.MORT?view=map>; <https://data.unicef.org/country/afg/>; World Health Organization, Trends in Maternal Mortality: 1990 to 2008, Geneva, Switzerland: WHO, 2010, Annex1,

[http://whqlibdoc.who.int/publications/2010/9789241500265\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf) , and average life expectancy is mid-40s. While each year the United States and other governments devote over \$100 tens of billions of dollars to weapons and soldiers,<sup>4</sup> (see World Health Organization, Trends in Maternal Mortality: 1990 to 2008, Geneva, Switzerland: WHO, 2010, see Annex 1, [http://whqlibdoc.who.int/publications/2010/9789241500265\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf)), one in four Afghan children still will not reach the age of 5.5 (World Population Prospects, Table A.19). By contrast, for more than 4550 years United Methodists and other humanitarian organizations, in partnership with local Afghans, have supported health care and community development work in Afghanistan.

The United Methodist Social Principles recognize that “Conflicts and war impoverish the population on all sides, and an important way to support the poor will be to work for peaceful solutions” (§163E). United Methodists also recognize that women have long taken the lead in calling and working for peace. In October 2001, Women’s Division directors adopted a resolution that asked United Methodist Women to: “Urge the president to use diplomatic means to bring the perpetrators of terrorist acts to justice and to end the bombing of Afghanistan.”

We recall the words of US representative Barbara Lee (California) in September 2001, who was the lone voice at that time in the US government to question military action against Afghanistan. She warned in a House of Representatives floor speech on September 14, 2001, “If we rush to launch a counterattack, we run too great a risk that women, children, and other noncombatants will be caught in the crossfire. . . . [W]e must be careful not to embark on an open-ended war with neither an exit strategy nor a focused target. We cannot repeat past mistakes.”

We confess that years of war and pumping of weapons into Afghanistan, along with years

of silence by too many of us in churches, has not served the needs of people-in Afghanistan or at home-but rather prolonged a cycle of militarism, violence, and suffering. Today the United States as 5 percent of the world's population devotes almost the same amount of resources to military spending as the other 95 percent of the world combined.<sup>6</sup> Christopher Hellman and Travis Sharp, "The FY 2009 Pentagon Spending Request," Center for Arms Control and Non-Proliferation, February 22, 2008,

[http://armscontrolcenter.org/policy/securityspending/articles/fy09\\_dod\\_request\\_global](http://armscontrolcenter.org/policy/securityspending/articles/fy09_dod_request_global).

~~Forty-five~~ Over 50 years ago, the Rev. Dr. Martin Luther King, Jr. warned that "a nation that continues year after year to spend more money on military defense than on programs of social uplift is approaching spiritual death" ("Beyond Vietnam" speech, April 4, 1967). We are haunted by the prophet Habakkuk's lament, "Their own might is their god!" (Habakkuk 1:11 NRSV). May we find the courage to join with Afghans and neighboring Pakistanis and all who seek to transform today's glut of swords into iron plows.

~~In November 2009, 79 United Methodist bishops signed an open letter to the US president calling on him to turn from military escalation "to set a timetable for the withdrawal of all coalition forces by the end of 2010."~~ Our long-standing conviction that "war is incompatible with the teachings and example of Christ" and our call into discipleship as peacemakers have led us in our Social Principles to declare, "We oppose unilateral first/preemptive strike actions and strategies on the part of any government" (The Book of Discipline of the United Methodist Church, 2008, ¶ 165C).

Now in the ongoing war in Afghanistan we must also challenge any preemptive arguments for prolonging war and militarization of the society. The argument that more than \$100 billion per year should be devoted to waging war in the hopes of "denying a future safe

haven to terrorists” when those same funds devoted to meeting the ~~Millennium~~ Sustainable Development Goals in health care would save tens of thousands of lives across the globe is neither moral, sustainable, nor realistic.

We offer the following points for reflection and action as we seek to live out our Christian vocation as peacemakers:

1. Urge prompt and complete withdrawal of US/NATO forces as a necessary step toward demilitarizing the region and promoting Afghan-led peace talks among all parties. We urge an immediate unilateral cease-fire, an end to night raids, and an end to bombings as initial confidence-building steps toward demilitarization and reconciliation. We support peace that includes Afghan women in all negotiations in a substantive way.
2. We call for an immediate end to drone strikes in Afghanistan and Pakistan, which have escalated exponentially since 2008. We support full and independent investigations into all such bombings to account for civilian casualties.
3. End the militarization of Afghanistan. Most US foreign aid to Afghanistan currently goes to training, equipping, and funding the Afghan National Army, the Afghan National Police, and to private security contractors. Foreign aid has helped train several hundred thousand Afghan men as soldiers and police while funding training for only 2,500 Afghan midwives.<sup>7</sup> (Abby Sugrue, “Afghan Mothers Delivered into Good Hands,” USAID Frontlines, January 2011, available: [www.usaid.gov/press/frontlines/fl\\_jan11/FL\\_jan11\\_AFmothers.html](http://www.usaid.gov/press/frontlines/fl_jan11/FL_jan11_AFmothers.html)). This is neither just nor sustainable in the short or long term. Lasting human security and stability in Afghanistan will come through diplomacy, education, and health care, not more weapons, more police, and more soldiers. We urge an end to all arms shipments from all sources.
4. Shifting resources from military spending and training to health and education, where

many more women work, is one of the best ways of supporting and empowering Afghan women's leadership. We recognize and commit our support to the creative ways Afghan women are organizing and working in their communities despite war and conflict.

5. Ongoing war in Afghanistan costs nearly \$100+ billion per year. It costs \$1 million per year for each US soldier serving in Afghanistan.<sup>8</sup> (Christopher Drew, "High Costs Weigh on Troop Debate for Afghan War," New York Times, November 14, 2009, [www.nytimes.com/2009/11/15/us/politics/15cost.html](http://www.nytimes.com/2009/11/15/us/politics/15cost.html)). These funds are beating plowshares, classrooms, and hospitals into weapons. Teachers, firefighters, and other public employees are facing layoffs in part because the US government keeps redirecting tax dollars from local communities to war overseas. Each dollar spent on war in Afghanistan is taken from women and children and communities in the United States and around the world. War spending endangers civilians in Afghanistan, Pakistan, and the home countries of US/NATO forces.

6. Military spending should be shifted to humanitarian and sustainable development work that is not at all connected with any military forces. Humanitarian work should be nonpolitical and not connected with any of the warring parties. Nongovernmental organizations report that health and education work in highly militarized areas is now far more dangerous for internationals and Afghans alike, and many parts of the country are no longer accessible for aid workers. We call for ~~an end to Provincial Reconstruction Teams~~ and a strict separation of humanitarian work from military operations as called for in the International Red Cross and Red Crescent Code of Conduct.

7. The apostle Paul reminds us, "God is not mocked. A person will harvest what they sow" (Galatians 6:7). Corruption is best challenged by "first examining the log in our own eye" (Matthew 7:3, paraphrase). We urge cutting off the source of funds for bribes. The huge amounts

of foreign money flowing into Afghanistan are largely diverted by warlords and private contractors (both international and Afghan). US forces end up subcontracting warlords to secure the vast military supply line. According to US Representative John Tierney's (Massachusetts) June 2010 congressional report "Warlord, Inc.: Extortion and Corruption Along the U.S. Supply Chain in Afghanistan," \$400 million per year of US security funding ends up in the hands of the Taliban-more than they get from drug sales. Military contractors and defense corporations (e.g., Blackwater/Xe Services LLC, Dyncorp, Halliburton, Lockheed, etc.) are among the most unaccountable actors in Afghanistan. Cut off funding for private security contractors, as it masks the level of US war spending and personnel in Afghanistan, Iraq, and elsewhere.

### *ACTIONS*

Urge all United Methodists to:

1. Call for a "swords into iron plows" approach in government spending and to develop church and peacemaker alliances with local governments to press national governments to redirect money from war spending to meet human needs.
2. Many young people facing unemployment are being targeted by the military for recruitment. Support peace education, provide counseling on selective conscientious objection, and offer alternative service education options for all high school students, with an emphasis on impoverished communities.
3. Support veterans, families of veterans, and Afghan civilians facing post-traumatic stress disorder (PTSD). It has been reported that ~~in~~ since 2009 and 2010 more US veterans and active duty soldiers died from suicide each year than were killed in combat. Raise awareness about the high number of suicides, the increase in domestic violence, and other destructive behaviors brought on by war-related trauma. Support full funding of health care, especially mental health

care and traumatic brain injury (TBI), for all affected by war.

4. The war has been used to justify ongoing war spending and increasing repressive measures that stifle dissent and encourage racial profiling of Arab and Muslim people in many countries. (~~see other General Conference resolutions: “Taking Liberties: On the Stifling of Dissent” and “Prejudice against Muslims”~~). We call on United Methodists to stand with communities facing discrimination and urge all governments to restrain their use of measures that increase racial profiling and scapegoating.

5. Support regional negotiations and diplomacy throughout Central/South Asia with all parties to build cooperation. We support and encourage our partners to monitor that women’s leadership is central in these negotiations; women must be involved in all peace negotiations, and this participation must be real and not simply a token gesture. The United Nations Security Council Resolution 1325 adopted on October 31, 2000, directly calls for women to participate equally and fully in all levels of peacemaking and decision making, from conflict prevention and mitigation to post-conflict recovery and transformation. It also calls to end impunity against those who commit violence against women. Durable peace, security, and reconstruction in Afghanistan will not occur without the direct participation of all in the society, including women, who represent half of the population.

ADOPTED 2012

See Social Principles, ¶ 165C.

~~1. Elisabeth Bumiller, “Troops in Afghanistan Now Outnumber Those in Iraq,” New York Times, May 25, 2010, available: <http://atwar.blogs.nytimes.com/2010/05/25/troops-in-afghanistan-now-outnumber-those-in-iraq/>. The total number of NATO troops as of November~~

2010 is 130,930 BBC News, "Afghan Troop Map: U.S. and NATO Deployments," November 19, 2010, available [www.bbc.co.uk/news/world-south-asia-11795066](http://www.bbc.co.uk/news/world-south-asia-11795066). The total number of NATO troops in 2009 was 55,100 International Security Assistance Force, North American Treaty Organization, "ISAF Regional Commands and PRT Locations," January 12, 2009, available: [www.nato.int/isaf/docu/epub/pdf/placemat\\_archive/isaf\\_placemat\\_090112.pdf](http://www.nato.int/isaf/docu/epub/pdf/placemat_archive/isaf_placemat_090112.pdf).

2. Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2006 Revision, New York: United Nations, 2007, available: [www.un.org/esa/population/publications/wpp2006/WPP2006\\_Highlights\\_rev.pdf](http://www.un.org/esa/population/publications/wpp2006/WPP2006_Highlights_rev.pdf), see Table A.18.

3. World Health Organization, Trends in Maternal Mortality: 1990 to 2008, Geneva, Switzerland: WHO, 2010, available: [http://whqlibdoc.who.int/publications/2010/9789241500265\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf), see Annex 1.

4. Amy Belasco, The Cost of Iraq, Afghanistan, and Other War on Terror Operations Since 9/11, Washington, DC: Congressional Research Service, 2011, available: [www.fas.org/sgp/crs/natsec/RL33110.pdf](http://www.fas.org/sgp/crs/natsec/RL33110.pdf), see Table 1, p. 3.

5. World Population Prospects, see Table A.19.

6. Christopher Hellman and Travis Sharp, "The FY 2009 Pentagon Spending Request," Center for Arms Control and Non-Proliferation, February 22, 2008, available: [http://armscontrolcenter.org/policy/securityspending/articles/fy09\\_dod\\_request\\_global](http://armscontrolcenter.org/policy/securityspending/articles/fy09_dod_request_global).

7. Abby Sugrue, "Afghan Mothers Delivered into Good Hands," USAID Frontlines, January 2011, available: [www.usaid.gov/press/frontlines/fl\\_jan11/FL\\_jan11\\_AFmothers.html](http://www.usaid.gov/press/frontlines/fl_jan11/FL_jan11_AFmothers.html).

8. Christopher Drew, "High Costs Weigh on Troop Debate for Afghan War," New York Times, November 14, 2009, available: [www.nytimes.com/2009/11/15/us/politics/15cost.html](http://www.nytimes.com/2009/11/15/us/politics/15cost.html).



**Rationale:** For more than 50 years, Global Ministries has been supporting mission, humanitarian work and sustainable health and community development in Afghanistan, despite 40 years of war and conflict that persist today. This updated resolution recommends ways to support Afghan peace and development, including participation and leadership of Afghan women.

**ADCA, pg. 717-721**