

# Light

THE CHRISTIAN LIFE COMMISSION OF THE SOUTHERN

BAPTIST CONVENTION

MARCH/APRIL 1988

## AIDS VICTIMS: THE NEW UNTOUCHABLES

When teaching phonics to my preschooler, we started at the beginning of the alphabet. "This is the letter A," I said. "Do you know a word that be-

gins with A?" The poignant reply came, "A is for AIDS."

So it is in our lives—A is for AIDS. It is the beginning and ending of every facet of our existence. Those of us who have contracted AIDS are the new untouchables.

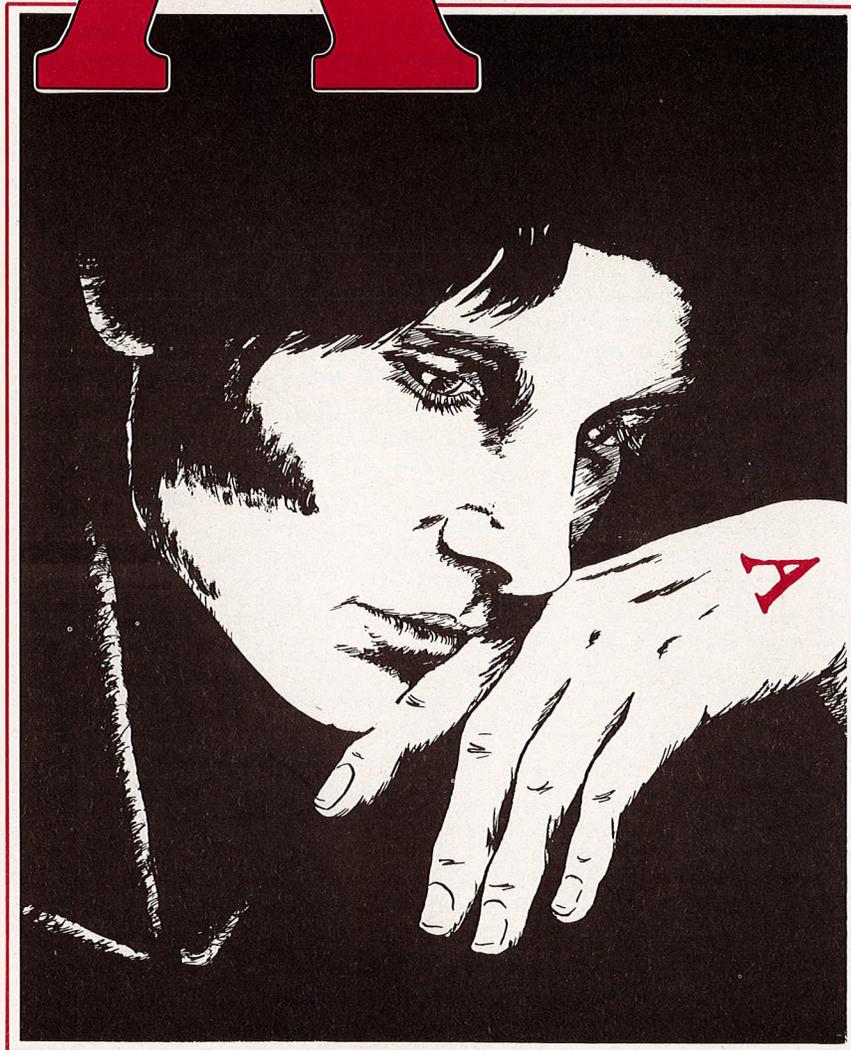
I was infected with the AIDS virus by a blood transfusion while still pregnant with my first child. As a result, our baby also contracted the virus. Although I frequently was ill and fatigued, I passed it off as being "the new mother syndrome."

Our baby was quite ill as well, requiring weekly trips to the doctor,

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*"Those of us who have contracted AIDS are the new untouchables."*

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*'I Wear the Scarlet A'*

and I blamed much of my exhaustion on stress.

Having no idea that I was carrying the AIDS virus, two years after the birth of my first child, I became pregnant again. Our second child was premature and also had multiple medical problems.

When the new baby was five months old, I received a call from the blood bank that had supplied the blood for my transfusion. They said that the donor who had given the blood for my transfusion had AIDS.

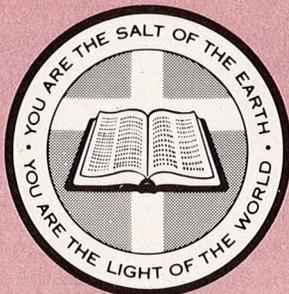
My world started reeling. As soon as I heard the words, all of the events of the past three years came into focus with a searing clarity—the

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## A Yearning for Peace

Strife, conflict, battle, war and quarreling dominate the life and language of our day. Travel where we will, we never escape the harsh reality of strife.

Many are tired of it. Tired of having to divide the world into friend and foe. Tired of family, social, political and religious conflict. Tired of shouting matches and shooting wars. Tired of enmities and polarities.

We need to hear the words of Jesus in Matthew 5:9: "Blessed are the peacemakers, for they shall be called sons of God." Loving Jesus and making peace belong together. "Peacemaker" occurs only here in the New Testament, within this Magna Carta of God's Kingdom. This verse could be translated, "Blessed are those who *do* peace, who *make* peace, who *effect* peace."

Peace is not a state into which people drift. Peace must be actively sought and achieved. Wanting peace is but a starting point. Praying for peace is but part of the answer. We are called to *make* peace.

Our Lord's call to peacemaking moves in many directions. The call to peacemaking is clearly needed on the world scene and in international relations. The call for peace is needed as well on the national scene and in political life. The call for peace is both urgent and timely within the family circle and in other interpersonal relationships.

Likely, we need to focus the call for peace in another direction. The Southern Baptist Convention's appointment of a Peace Committee in 1985 declared that authentic peace is a desperate need within the denomination. We, as Southern Baptists, know a denomination in which honest and inevitable disagreements have often been fanned into debilitating conflict. Some agencies and institutions are besieged and beleaguered because some have decided that their views are the only satisfactory ones and their ways are the only acceptable ones. We know churches that are shattered or crippled by conflicts generated by ministers and laity alike.

The cause of Christian ethics and morality pays a terrible price for such conflict. When our combative stance is turned inward, we lose energy and spiritual power as we work for applied Christianity.

Such strife undermines the church's credibility. Many contend that our call to holy living has a hollow ring; it falls on unhearing ears. It is exceedingly difficult to be the light of the world when our light is hidden under the bushel of our warring words and destructive acts. It is ever more difficult to be the salt of the earth when our savor has been polluted by acrimony, quarreling and bitterness. This truth came home with new force recently when a fellow air traveler said to me in mid-flight, "What you have to offer isn't any better than what I have now!"

The price tag is high whenever the clamant voice and the clenched fist, the will to power and the determination to destroy replace Christian love and harmony!

It is time to face some hard questions. What do we say to a warring world outside the church when we ourselves cannot be at peace? What do we say to a world armed and at ready when we hold threats like sharpened knives at each other's throats? What kind of reconciliation can we offer when our oneness in Christ has been shattered? How will our invitation to faith and our call to Christian living be heard by persons who see strife, conflict and clamor among us as they do in the pagan world? How can we be effective agents of reconciliation in a warring world when we are warring members of the body of Christ?

Jesus calls us to be enablers, facilitators, midwives of peace, agents of reconciliation. We cannot make peace anywhere, but we can let God make peace through us.

Bill Tuck, a Southern Baptist minister, is correct: "Trying to learn the way of peace in an age when men and women have lived and died in too many wars is like trying to sow grass seed in a hurricane." But, the call is clear. And, the time is now.

*Larry Baker*



## ... Untouchables

(Continued from page 1)

children's inability to stay well; the doctor's frequent head-shaking and statements: "This is rare"; "The medicine should have worked."

Within two months, I had lost most of what constituted my world. Our

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*"If there ever was a time to reach out and touch the 'lepers' of our day it is now."*

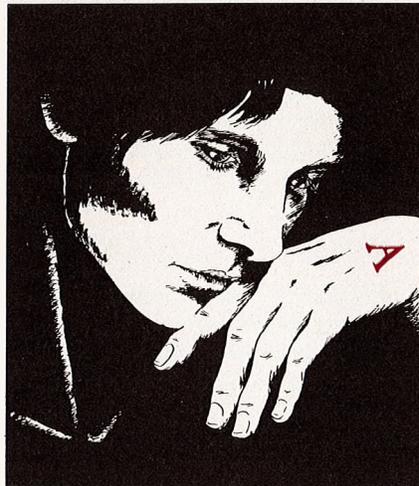
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baby was in critical condition with only days or weeks to live. My husband had lost his job and career when his employer found out that his family had been touched by AIDS. Our older child had to be removed from day care. We were asked not to return to our church. Our confidentiality had been breached, and as word spread throughout our community, we quickly fled and relocated to another town. We were too terrified to risk harassment and persecution.

Several months after our move, our baby died, and the second phase of my isolation began. This isolation was self-imposed by fear.

The few relationships I have had are superficial and almost totally based on fabrication. How could I

truthfully answer simple questions: "Why did you move here?" "What was wrong with your baby?" I couldn't talk about the fact that my heart was breaking every time I looked at my little girl. I couldn't share the fact that



my marriage was fragmenting from the incredible stress in our lives. I couldn't "act sick" lest someone get suspicious, so I hid my symptoms and pain.

I didn't dare reveal anything about the severity of our daughter's illness lest my child be totally ostracized from all socialization. I couldn't even contact former co-workers to explain why I had suddenly disappeared. I was in a new city with no friends, no church, no "home," no job, a struggling marriage, a very sick child and

the grief of our baby who had died. I had never been so alone in my life.

We reached out to a local church. The pastor was supportive, but when he asked parents about the possibility of our child attending Sunday school, the parents said, "no." We do not attend church now. The rejection runs too deep.

To Christians, I would say that AIDS cripples not only the body, but the heart. At a time when the AIDS victim is dealing with death and dying, heavy financial burden and physical debilitation, they need support, care and concern—not rejection! If there was ever a time to reach out and touch the "lepers" of our day, it is now.

I wear the Scarlet A. I keep it well hidden. You may never see me cry or realize from my appearance that I have been infected by the virus. Nevertheless, I have been shattered. I need love, compassion and community to help me make it from day to day. I have done nothing immoral or illegal to contract this disease, but those who have, hurt just as deeply as I. Their needs are as great or greater than mine for a compassionate and loving response to AIDS. ■

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*This article from a Baptist mother was reprinted with permission from the Baptist Standard, news journal of Texas Baptists.*

## New Resources for Youth in Crisis

If youth in crisis find it difficult to go for professional counseling, parents and leaders can now bring that counseling to them. And that counseling can arrive in a form appealing to youth—a cassette tape.

Qualified Christian counselors and a medical doctor have worked with the Baptist Sunday School Board to tape messages that make up the "24-Hour Counselor, Volumes 1 and 2." Crisis subjects include such topics as:

- I'm Afraid I May Have AIDS
- I'm Being Physically Abused
- My Friend May Commit Suicide
- I'm Thinking About Running Away
- I Can't Relate to My Stepparent
- I Might Stop Drinking

- I Might Stop Smoking
- I No Longer Want to Live
- My Parents Are Divorcing
- I Might Stop Using Drugs
- I/My Girlfriend May Be Pregnant
- I'm Being Sexually Abused
- I'm Tempted to Go Too Far On a Date

Each taped message is 30 minutes long. After a segment of contemporary music, a teenage narrator describes the problem from a young person's point of view. Then, the teenager spends the next 25 minutes directing questions to the counselor or doctor. The professional responds in a warm, caring manner.

Each tape includes biblically based and clinically sound sugges-

tions. Also, each tape gently gives the teenager the emotional strength needed to share his or her problem with a caring adult.

The tapes come in a vinyl album that unfolds to make a wall display rack.

Churches have permission to make unlimited copies of the tape masters.

Many youth will take a tape from the wall rack when no one else is around. Those who have never shared their problems with anyone will be thankful for a private way to get help.

Albums can be ordered by calling the Baptist Sunday School Board at 1-800-458-BSSB, or from Baptist Book Stores. ■

# AIDS: A CHALLENGE FOR EDUCATION AND ACTION

**Editor's Note:** This overview of AIDS was adapted from the "AIDS Resource Packet" just published by the Christian Life Commission of the Baptist General Convention of Texas. Copies of the packet can be ordered at cost from the Texas CLC, 511 North Akard Street, #735, Dallas, TX 75201-3355.

What are you going to do when a former drug abuser who has accepted the Lord several years earlier comes to your office and tells you he has AIDS? How will you respond to the church member who had a blood transfusion during an operation and now has AIDS? What approach will you take when a mother shares with you the pain of watching her nursery child suffer from AIDS and her desire to have that child in Sunday School? How will you respond to the Baptist deacon and his wife who find their son is a homosexual and is dying of AIDS?

Every one of these situations is based upon actual cases in Southern Baptist churches. The real issue is how we as Christians respond to the tragic disease called AIDS.

## Facts About AIDS

An estimated 1.5 million people are infected with the AIDS virus and have the potential of spreading it to others. Estimates vary as to how many of those who carry the virus will develop AIDS, but experts project more than 179,000 Americans will die of AIDS by 1991. At the present time, there is no cure.

The known modes of transmission of the AIDS virus are (1) sexual contact between an infected partner and a non-infected partner (either heterosexual or homosexual contact); (2) intravenous drug abuse (in the sharing of needles); (3) blood transfusions with AIDS-infected blood; and (4) children born to infected mothers.

U.S. Surgeon General Koop, in his report on AIDS, states, "Everyday living does not present any risk of infection. You cannot get AIDS from casual social contact . . . Casual social contacts such as shaking hands, hugging, social kissing, crying,

coughing or sneezing will not transmit the AIDS virus . . . AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery or household furniture."

## Theological Approach to AIDS

Is AIDS the punishment of God? No. There have been religious persons who confuse the modes of transmission with the disease itself. The Bible speaks plainly as to the tragic results of homosexuality and of heterosexual promiscuity, but what about the blood transfusion patient, or the baby born of an unknowing AIDS-carrying mother?

Why would God harshly judge the fine Christian woman whose unfaithful husband transmitted the AIDS virus to her? It is a mistake to give simplistic theological answers as to why AIDS has entered the world. Jesus never told us why diseases like leprosy or other illnesses like blindness or paralysis are a part of this world. When Jesus was confronted with the question of who caused blindness from birth in a man, he spoke about the works of God and the responsibility of all who follow him to do the works of God. Then he proceeded to heal the blind man (John 9:1ff).

Jesus responded to all manner of need. His disciples were asked, "Why does your teacher eat with tax collectors and sinners?" Jesus, overhearing the question, responded, "Those who are well have no need of a physician, but those who are sick. Go and learn what this means, 'I desire mercy, and not sacrifice.' For I came not to call the righteous, but sinners" (Matt. 9:11-13).

Churches must respond with the good news of Jesus Christ to AIDS victims and their families. Oftentimes people caught directly in the AIDS crisis are open to deep spiritual lessons. Concerning the parents of children who have AIDS, Dr. Rubenstein of the Albert Einstein College of Medicine said, "Many come from a

low socioeconomic group; they're poor; the family may have broken up. They may have used drugs, and now their child has AIDS because they gave it to him. You wouldn't be surprised if they threw up their hands, but many don't. They become the best parents in the world. They straighten out their lives. They spend hours with their kids. They give up longing for material things and look for spiritual and religious values" (*New York Times*, 1-12-87, p. 28). The church is called by God to respond with compassion to these who are caught in the AIDS crisis, no matter what the circumstances.

## Suggestions for Action

At a recent meeting on AIDS, a Southern Baptist pastor said the AIDS crisis touches every major taboo we have. Our ability to deal effectively with this crisis means we must face such sensitive issues as sex education for youth, promiscuity of youth and adults, general AIDS education, homosexuality, drug abuse, death and dying, grief and ministry to those who have been rejected by society.

Suggestions for practical ministry include: (1) personal ministry to persons with AIDS (PWAs) and their families, (2) education of church members about AIDS, and (3) creation of health awareness in Sunday Schools and day-care facilities.

The most important element of personal ministry to PWAs and their families is confidentiality. The social stigma has been so great that people have lost their jobs, their families and their economic resources because their condition became public. Innocent family members, who are struggling with watching a loved one die, have also been ostracized. Spiritual needs are tremendous, and no other institution of society is as prepared to deal with suffering and hurt as the church.

PWAs and their families need to worship, to find meaning in the midst of tragedy, to understand and sense God's love, to work through guilt to forgiveness, to be reconciled to themselves, others, and God and to find a resting place in the eternal hands of God when death occurs. As one pastor said, "If our churches do not get involved with the spiritual needs of AIDS victims, it simply won't get done."

## Education

Churches must take the lead in educating their members concerning AIDS from a Christian perspective. The most effective approach is to work through existing organizations of the church to sensitize the members. The pastor and staff should become aware of all the various dimensions of AIDS before AIDS becomes an issue in their church. Training should take place for the Christian Life Committee, the Church Council, WMI and Brotherhood and others in leadership positions.

Policies need to be established after thorough education has taken place as to how to best educate parents, youth, adults, Sunday School teachers and others concerning health risks. Areas of ministry the church is willing to undertake, such as a support group for parents of PWAs, seminars on death and dying and/or dealing with grief, and specific ministry to PWAs themselves, can be effective. Once education has been offered to the entire church, a policy statement on AIDS should be discussed and approved by the entire church in business session.

Every church needs to confront the moral responsibility of sex education of their children. Sex education is a matter of life and death. Churches have the opportunity of sharing the

biblical insights about human sexuality. The beauty God created in a monogamous relationship found in the covenantal relationship of marriage should be proclaimed as well.

Many state and local health departments have set health standards for day-care and schools. These can be used to familiarize church day-care personnel and Sunday School teachers with health guidelines. These standards should be followed in Sunday Schools and day-care centers regardless of the AIDS epidemic, but oftentimes workers are unaware of them.

The Texas Department of Health has set school involvement guidelines for children with AIDS. Churches would do well to follow the recommendations in Sunday School programs for children known to carry the AIDS virus.

- The Health Department holds that a child is not a health threat to other children under normal circumstances, and that a confidential committee be established to evaluate each case individually.
- "The school should respect the right of privacy of the individual; therefore, knowledge that a child has AIDS/ARC or HTLV-III infection should be confined to those persons with direct need to

know (e.g., principal, school nurse, child's teacher)."

- "Those persons should be provided with appropriate information concerning such presentations as may be necessary and should be aware of confidentiality requirements."
- It is recommended that in general, the local health authority serve as an intermediary between parents, child, and attending physician, on the one hand, and school official and staff on the other."

## Conclusion

AIDS is upon us. Sooner or later our churches will have to respond to the AIDS crisis in one way or another. Now is the time to act with the compassion and love of Jesus Christ. One result of such love is knowledge. Knowing the facts about AIDS and responding with appropriate action is the way to dispel irrational fears and to provide a proper witness and ministry to those with AIDS and to those affected by it. ■

*Additional resources on AIDS, including a new pamphlet entitled "Critical Issues: AIDS," are available at nominal cost from the Christian Life Commission of the Southern Baptist Convention, P.O. Box 25266, Nashville, TN 37202-5266.*

# LIGHT ORDER FORM

The Christian Life Commission is now mailing LIGHT six times a year to all pastors of Southern Baptist churches and to Directors of Associational Missions in addition to the regular LIGHT mailing list, which includes persons who have requested LIGHT over the past seven years. Because of the addition of pastors and associational directors of missions, some of you may be receiving two copies of LIGHT. If so, please complete the following form and return it to the Commission so that we can correct this duplication. If you are not now receiving LIGHT please complete the form and mail it to the Commission. Thank You.

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# THE QUEST FOR PEACE

## Proposed INF Treaty Breaks New Ground Between U.S. and Soviets

By Larry D. Braidfoot

The quest for peace is an ongoing struggle, conducted largely by two superpowers, the United States and the Soviet Union. These two countries spent more than \$500 billion between them in 1987 alone.

In a world where \$1.8 million is spent each minute for military purposes, the major news in 1987 was the signing of the INF (Intermediate-range Nuclear Forces) Treaty by President Reagan and Mikhail Gorbachev.

The INF Treaty is the most recent of a number of treaties and convention agreements between the two world powers during the last 30 years. A framework for thinking about the treaty can be partially constructed by looking at previous treaties.

Some treaties have dealt with efforts at enhancing communication and minimizing risks of nuclear confrontation.

● **The "Hot Line" Agreement.** Negotiations for this "Memorandum of Understanding" (signed on June 20, 1963) began after the Cuban missile crisis demonstrated the need for prompt, direct communication between heads of state. The agreement provided for several means of direct communication and has been updated as newer communication technologies have become available.

● **"Accidents Measure" Agreement.** Concern grew throughout the 1960s over the accidental or unintended risk of nuclear war. This agreement (signed September 30, 1971) covered three main areas:

measures to minimize the risk of accidental or unauthorized use of nuclear weapons, immediate notification if some risk of nuclear war arises and advance notification of certain missile testing.

● **Prevention of Nuclear War (PNW) Agreement.** The PNW Agreement (signed on June 22, 1973) identified removal of the danger of nuclear war as an objective of national policies and committed the United States and the Soviet Union to engage in consultation if a threat of nuclear confrontation develops.

A second group of treaties, the "nonarmament" treaties, prohibits nuclear weapons in certain regions where they are not yet present.

● **The Antarctic Treaty.** The Antarctic Treaty was the earliest post-World War II arms limitation agreement. It internationalized and demilitarized Antarctica and provided for cooperative exploration and future use. It has served as a model for other "nonarmament" treaties. The treaty (ratified by the Senate on August 18, 1960) provides for international scientific cooperation and peaceful use of the continent.

● **The "Outer Space" Treaty.** This treaty (unanimously ratified by the Senate on April 25, 1967) prohibits the placement of weapons, nuclear or otherwise, in orbit around the earth or on the moon or on other celestial bodies. It also designates the moon

and other celestial bodies for peaceful use and prohibits military activities ranging from maneuvers to testing.

● **Treaty for the Prohibition of Nuclear Weapons in Latin America.** The Latin America treaty prohibited the spread of nuclear arms into a populated area of more than 7.5 million miles. The treaty, among all Latin American countries except Cuba, was recognized by the United States in a Protocol (ratified by the Senate in November, 1981) and its terms extended to U.S. territories within the region. Protocol II (ratified by the Senate on April 19, 1971) prevents the United States from using or threatening to use nuclear weapons against the Latin American nations entering the agreement.

● **"Seabed" Treaty.** The "Seabed" Treaty prohibited the introduction of nuclear weapons into the floors of our

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*The quest for peace is an ongoing struggle, conducted largely by two superpowers, the United States and the Soviet Union.*

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world's oceans. Final ratification was given by the President on April 26, 1972.

A third group of treaties deals with issues related to research, production and deployment of nuclear weapons.

● **The Limited Test Ban Treaty.** This treaty (ratified by the Senate on September 24, 1983) prohibited nuclear testing in the atmosphere, in outer space and underwater or in any place or manner in which radioactive debris from the test would move beyond the national boundaries. While this treaty did not prohibit underground testing within national boundaries, it was a major step forward in ending "the contamination of man's environment by radioactive substances."

● **Nonproliferation Treaty.** Recognizing the presence of nuclear weapons and the improbability of short-term agreements binding the nuclear nations, a major objective was to pre-

vent the spread of nuclear weapons. This treaty (final ratification by the President on November 24, 1969) prohibited nations with nuclear capabilities from transferring nuclear weapons or control of them to non-nuclear nations or assisting those nations in developing nuclear weapons.

● **Biological Weapons Convention.**

The Biological Weapons Convention (BWC) (unanimously ratified by the Senate on December 16, 1974) banned the development, production, stockpiling or acquisition of biological agents in large quantities for other than peaceful purposes. Also banned were means of delivery of biological weapons.

● **SALT I.** The Anti-Ballistic Missile (ABM) Treaty was a major part of the SALT (Strategic Arms Limitation Talks) I Treaty. The treaty (ratified by the Senate on August 3, 1972) limited the most likely catalyst for sustained development of offensive nuclear weapons. The great fear of both the United States and the Soviet Union was that one side would develop and deploy a nationwide defense system effective against the other side's offensive weapons. Such a system would render that nation immune from retaliation and heighten the prospect of the offensive use of nuclear weapons.

Another part of the SALT I Treaty was an Interim Agreement binding the United States and the Soviet Union to continue negotiating a comprehensive arms limitation agreement.

● **Threshold Test Ban Treaty.** The Threshold Test Ban Treaty (signed July 3, 1974) further limited nuclear testing. It set 150 kilotons as the maximum level of a test conducted underground. Previous treaties had outlawed testing in other locations, such as the atmosphere, outer space, celestial bodies and the seabed. This treaty further provided for data exchange to enhance national testing procedures.

● **Peaceful Nuclear Explosions Treaty (PNE).** The PNE Treaty (signed May 28, 1976) governed testing conducted for peaceful purposes not covered by previous treaties.

● **Environmental Modification Convention.** The treaty regarding environmental modification (ratified by the Senate on November 28, 1979, by a

*The future of our world depends upon humankind's decisions regarding nuclear weapons. The ratification debate about the proposed INF Treaty will be one of the most important events of 1988.*

vote of 98-0) sought to protect climatic patterns, ocean currents, the ozone layer and the ecological balance. Efforts at modification of the environment for military purposes have not played a significant role in any military planning.

● **SALT II.** The SALT II Treaty (unratified by the United States government) was to expire in 1985. Nonetheless, both the United States and the Soviet Union announced their intentions to abide by its limitations until recently, although it had not been ratified. Whereas the ABM Treaty of SALT I dealt with defensive weapon systems, SALT II was an effort at limiting the development of offensive weapons.

● **Nuclear Material Convention.** The Convention on the Physical Protection of Nuclear Material (agreement ratified by the Senate on July 30, 1981, by a vote of 98-0) sought to provide for physical protection of international shipments of nuclear materials, to establish cooperation for the recovery of any stolen nuclear materials and to provide a system of criminal proceedings to punish individuals or groups who steal such materials.

Reviewing the processes which have produced these treaties and agreements provides some helpful insight into the political art of negotiating for peace:

● Most of the treaties have resulted from a willingness to identify a specific area of concern and to negotiate an agreement that relates only to that area of concern. Both the United States and the Soviet Union have at times insisted on "comprehensive" negotiations linking several areas of concern together. But this "comprehensive" stance has constantly given way to a willingness to reach agreement in a single area.

● The issue of compliance with established treaties affects greatly the process of negotiation and acceptance of future treaties. Most of the treaties and agreements have not presented questions of compliance. A January 23, 1984 memorandum from the President to Congress identifies only four treaties (including the unratified SALT II treaty) which the Soviets are believed to have violated. The Soviet Union's principal concern with United States treaty compliance revolves around the Strategic Defense Initiative (Star Wars) and the ABM Treaty.

The proposed INF Treaty provides for unprecedented opportunities for on-site verification. Article XI provides for a variety of verification options for the 13 years the treaty is in effect. The verification issue has been an ongoing cause of concern and debate for decades. The INF Treaty breaks new ground between the two superpowers in terms of on-site verification.

The future of our world depends upon humankind's decisions regarding nuclear weapons. The ratification debate about the proposed INF Treaty will be one of the most important events of 1988.

(A subsequent article in LIGHT will discuss in more detail the proposed INF Treaty and the compliance and verification issues.) ■

*Braidfoot is an associate director of the Christian Life Commission responsible for Christian citizenship concerns.*

**Editor's Note:**

A copy of the proposed INF Treaty may be obtained by sending \$6 to the Christian Life Commission to cover costs of copying, handling and mailing. A copy of the President's Memorandum to Congress may be obtained by sending \$1 to the Commission. Send orders to: Order Department, Christian Life Commission, P.O. Box 25266, Nashville, Tennessee 37202-5266.

# NEW MEDICINE AND NEW DILEMMAS

## Biomedical Breakthroughs Pose New Challenge for Christian Ethics

By W. David Lockard

With increased frequency we receive reports of new and often dramatic biomedical breakthroughs. With most of these new medical capabilities there are also new problems.

It is a gross understatement to describe these ethical and moral problems as complex or difficult. They are that and much more. The possibilities of modern medicine frequently pose problems and force choices that are so mystifying that they are almost impossible for the average person to handle. Most people desperately need more information and understanding if they are to be responsibly involved in a decision to use or not use certain methods, medicines or procedures.

Individually and collectively, we tend to think that "we can fix everything." This confidence and optimism is not only good but it is necessary. However, such thinking has a possible downside as we struggle with some of the new medical possibilities. Some of our "fixing" is questionable and some of it creates new problems. Some "fixing" may be seen as usurping God's role as the author of life.

As we gain knowledge and understanding, we are compelled to ask vital ethical questions. The lack of clear, explicit direction from scriptures guarantees that there are very few "right answers" on which all Christians will agree.

Although we prefer decisions which are "black" or "white," this is an area which presents a huge amount of

"gray" with all of its trauma and ambiguity. "Today, the search for what is 'fitting' in medicine is not so much a decision between right and wrong. It is not simply a ruling for or against a particular treatment. Rather it is likely to lead to a set of options—none perfect—for patients and their families as well as for doctors and hospitals. Within this framework of ethical alternatives, individual choices must be made."<sup>1</sup>

Not only is there a lack of "a specific divine word," our task is made more difficult because we are without history, tradition or experience that will adequately prepare us for the new technology and new medicine of our time.

**A Glance at New Medicine.** Modern medicine includes a much wider range than the medicine of previous days. Its domains are questions about organ transplants, the prolonging of life by artificial means, the claims of sociobiology, and behavior control by drugs and electronic means. Specific capabilities include the following: "surgery on the fetus *in utero* to correct bladder pathology, laparoscopic introduction of relief valves in the fetal cranium to prevent hydrocephalus and the subsequent retardation associated with neural tube defects, and the transitional use of the totally artificial heart."<sup>2</sup> It is now possible to use animal parts to repair damaged hearts and to create life by mixing egg and sperm in a laboratory test tube. These and other medical realities are much more exotic and

extreme than was even envisaged a few years ago.

The words of Hippocrates are timely: "For extreme illnesses, extreme treatments are more fitting." In the 1980s, the ravages of smallpox, polio and childbed fever are no longer the serious illnesses of our land. Today, an extreme illness may be the rare disorder of anencephaly (being born without a brain) or the new epidemic of acquired immune deficiency syndrome (AIDS).

Dr. Joanne Lynn of the George Washington University Medical Center describes how even the medical categories are being reshaped.

"Twenty years ago, we tried for categories: ordinary versus extraordinary treatment, active versus passive informed consent, terminal versus nonterminal patients, acceptable versus nonacceptable care. But today we no longer even trust our categories. The lines blur. The yes-no questions have become questions of choices."<sup>3</sup>

A variety of factors helps to explain why so much former science fiction has become a present reality. In *Forced Options*, Roger Shinn presents some startling figures which help to explain the dazzling pace set by biological science in recent years. "Federal money for biomedical research in the United States jumped by a thousand times in the thirty years from 1948-1978, when it reached three billion."<sup>4</sup>

**Genetic Control.** For several years we have heard about 'genetic engineering' or 'genetic manipulation.' Although these terms are new, man has always been interested in genetics. People have always noticed that offspring reveal strong similarities to and differences from the parents. This applies to plants, animals and people. The selective breeding of plants and animals is an ancient and accepted practice. Clearly the same is not true when it comes to the matter of human beings.

Numerous theories have sought to identify constant and significant genetic differences among various groups and sub-groups. There is good support for Shinn's observation in this regard. "We all have our genetic assets and liabilities. There is mounting evidence that many of the differences between ethnic groups,

once thought to be genetic, are actually cultural. Yet there are genuine genetic differences. It is foolish either to deny them, out of an ethical passion for equality, or to build theories of supremacy on them, out of an insecurity that looks for flaws in other people."<sup>5</sup>

It is easy to forget that 'different' means different, neither better nor worse. This is a marvel of God's creation. For many it is this rich diversity that argues strongly against any attempts to create superhumans.

For most people, such selective breeding is not a real concern. While the possibility is there, the likelihood is extremely slight. A more likely scenario regarding physical changes or 'improvements' raises numerous questions. If you start allowing scientists to intervene in making people slightly healthier or slightly happier by disposition, where do you stop? If such practices are permitted, how would they be stopped? What agency of government has the understanding and the authority to set guidelines?

Can we assume that universities that are making money from such research will use restraint in what they seek to attain or create? Clearly this is not an appropriate use of genetic control. I know of no groups or voices that would seek to improve the genetic stock either in this country or in any other country. Because such biotechnology does exist, it may not be too early to call for moral responsibility as scientists design and conduct research which has such incredible possibilities.

Men and women dare not use their knowledge about and their control of genes in order to play God. However, God has given men and women dominion over the earth, and this calls for shared responsibility with God. Increasing knowledge forces humankind to make decisions of life and death which cannot be side-stepped. Such decisions must be made humbly, prayerfully and responsibly.

Some of the exciting and legitimate uses of genetic control should be noted.

Scientists have identified more than 3,000 genetic disorders. Recent figures indicate that one or more of these defects appears in more than 200,000 infants out of a total of three

million born each year in the United States. Two to three percent of that total show major genetic or congenital disease. These and similar figures give impetus to the development of genetic screening and counseling.<sup>6</sup>

**New Help for Infants.** On October 1, 1986 the state of Virginia marked a new milestone related to genetic disorders. Virginia became the first state to require that all newborns be given a test that detects biotinidase deficiency. This metabolic disorder can lead to mental retardation, but early detection can lead to successful treatment resulting in a completely normal life.

The cause of the metabolic dis-

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*Men and women dare not use their knowledge about and their control of genes to play God.*

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order was discovered in 1982 by Dr. Barry Wolf, a Virginia geneticist. Following years of testing, other states and countries began using the screening program.

Daily doses of vitamin biotin have produced almost miraculous results in several states.<sup>7</sup>

Sixty cases of biotinidase deficiency have been discovered worldwide. Since the mandatory testing costs only 24 cents per infant, this breakthrough has exciting possibilities and offers new hope to mankind.

**New Hope for Manic-Depression.** The contribution of eugenics is demonstrated almost weekly with new discoveries. Researchers have located a gene that triggers a form of depression, establishing biological proof of the theory that it is an inheritable, genetically based disease.

Last year on February 25 the British journal *Nature* published the results which shed new light on genetic influences on brain chemistry. Through genetic screening, it will soon be possible to determine when someone is prone to a disease.

This genetic discovery also confirms the biological nature of mental

illness. Patients and others are better able to understand that mental illness is not a problem of will or a failure of self-control, but a medical condition like heart disease or high blood pressure. Such knowledge promises unlimited gains in the understanding and treatment of psychiatric disorders.

**Medical Progress Represents Good News.** In this article we have merely taken a glimpse of a vast and complex topic of great importance. In spite of the potential problems and ambiguities, we should celebrate new knowledge and capabilities as we seek God's wisdom in its use.

As medical advances are made, all must participate in decisions which affect society: (1) Learn all that you can about new medicine and new knowledge. (2) Seize opportunities to discuss and pray about the ethical implications—especially with persons involved in similar decisions. (3) Voice your concerns with doctors, researchers, educators and ministers.

Christians must be involved in the search for wisdom and restraint in using such powerful knowledge. ■

*Lockard is an associate director of the Christian Life Commission responsible for biomedical issues.*

## Endnotes

<sup>1</sup>Abigail Trafford, "Playing God: Tough Choices in Medical Ethics," *Health, Journal of Medicine, Science and Society*, p. 7, (quoted in *Washington Post*, Jan. 26, 1988.)

<sup>2</sup>Richard A. McCormick, "Bioethics and Method: Where Do We Start?" *On Moral Medicine*, ed. by S.E. Lammers and Allen Verhey. (Grand Rapids: Eerdmans, 1987), p. 45.

<sup>3</sup>Op. cit., Trafford, p. 7.

<sup>4</sup>Roger Shinn, *Forced Options: Social Decisions for the 21st Century*. (New York: The Pilgrim Press, 1985), p. 127.

<sup>5</sup>*Ibid*, p. 130.

<sup>6</sup>James Childs, Jr., "Genetic Screening and Counseling," *Questions About the Beginning of Life*, ed. by Edward D. Schneider, Sept. 5, 1987. (Minneapolis: Augsburg Press Publishing House, 1985.)

<sup>7</sup>Donald P. Baker, "Virginia to Test All Infants for Disorder," *The Washington Post*, Oct. 2, 1986, p. C1.

# THE MORAL SCENE

## Financial Insecurity Dominates Americans' Family Worries

Financial insecurity remains the chief threat to American family life, with over half (56%) citing economic problems as their biggest personal concern.

The leading cause of financial concern is inadequate family resources (30%), followed by the high cost of living (11%), unemployment (6%), taxes (5%), and the safety of their investments (4%). Financial problems worry more women (61%) than men (51%).

Topping the list of Americans' noneconomic concerns are illness and health care (6%), marital discord and family well-being (5%), education (3%), fear of war (3%), dissatisfaction with government (3%), old age and social security (3%). Various other problems are mentioned by 8% while 16% say they have no major problems.

Despite increasing attention to social ills that threaten family life, such as drugs and divorce, economic difficulties concern Americans about as much today as they did 20 years ago. In 1967, 60% cited money problems as their primary worry; 10 years ago the figure stood at 61%. Similarly, worries about education, personal family problems and health have not changed significantly during the last two decades.

—Emerging Trends

## Uninsured Skimp On Prenatal Care

Many mothers and babies don't get proper medical care because millions of USA women have little or no maternity insurance, a new report shows.

About a half-million women each year give birth without insurance, says the report from the nonprofit Alan Guttmacher Institute.

And many insured women face huge bills for expenses.

To cut corners, women skimp on prenatal care, says Institute president Jeannie Rosoff. That can be dangerous—for mothers and babies: "There is a link between early and continuous prenatal care and good outcome at delivery," she says.

The problem is growing as more young women take service jobs with few benefits.

Poor women get help from Medicaid, but in many states must earn less than \$5,000 a year to qualify. And 40 percent of doctors won't take Medicaid patients.

—USA TODAY

## Homeless Move Beyond Urban Areas

The homeless are spilling—and in some cases being forced—out of large cities and elite communities into the suburbs, USA mayors report.

The lures are suburbia's safer streets and new services for the homeless.

They also are being run out by police, said James Conn, mayor of Santa Monica, Calif.

Cities that provide services to the



homeless have become "magnets," Conn said.

"Beverly Hills police have been putting the homeless on a bus saying, 'When the (bus) line ends, get off,' and that's in Santa Monica," he said.

In Evanston, Ill., only 25 percent of those housed at its sole shelter have local ties. The rest come from

Chicago and from Wilmette and Skokie, Ill., none of which has public shelters.

A new federal program will give \$355 million to about 320 cities for emergency shelters this winter.

—USA TODAY

## Entertainment TV Can Hamper a Child's Reading

Kids who watch lots of entertainment TV learn to read later and read less than those who watch informative programs, a new study shows.

A two-year study of 326 Kansas families—started when their children were either 3 or 5 years old—found that TV influences children's reading habits and skills.

"Kids are not couch potatoes when they watch. They're very attentive, and all TV is not bad for them," says University of Kansas psychologist Rosemarie Truglio. "The key questions are how much they watch and the type of shows.

"The more time they're spending with TV, the less they have to read," says Truglio. "And compared to watching TV, reading is hard. If they don't take the time to practice, books are not going to be very appealing to them."

—USA TODAY

## Impact of AIDS On Minorities

According to February 1988 figures from the Centers for Disease Control, of the 51,467 adults with AIDS:

- 31,283 (61%) are white
- 12,754 (25%) are black
- 6,952 (14%) are Hispanic
- 478 (1%) are other/unknown.

In addition, 789 children have AIDS. Of those, 603 contracted the disease from the mother. Of the children:

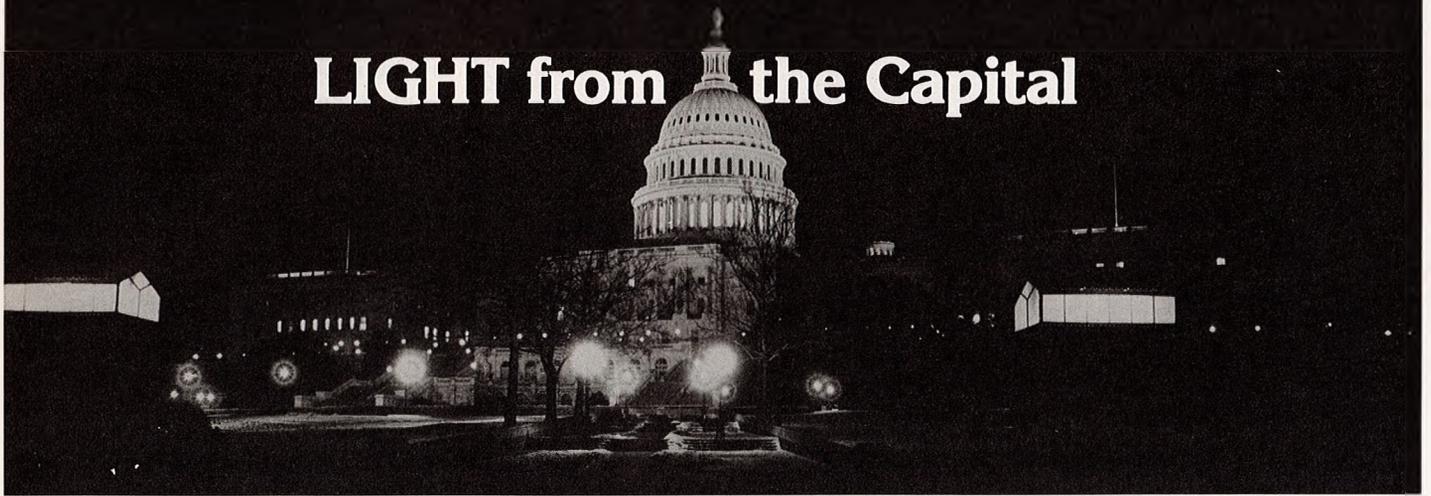
- 177 (22%) are white
- 423 (54%) are black
- 183 (23%) are Hispanic
- 6 (1%) are other/unknown.

In early March, the President's Commission on AIDS will release a report on:

- prevalence of AIDS in the USA;
- need for out-of-hospital care;
- programs to treat intravenous drug abusers;
- drugs that are being developed to treat the disease.

—USA TODAY

# LIGHT from the Capital



By Larry Braidfoot and Robert M. Parham

The major abortion battle at the federal level in 1988 is occurring around the Civil Rights Restoration Act, a piece of legislation which has been debated for four years.

The bill was passed in swift action by the Senate in January, and the debate now shifts to the House of Representatives.

The following examination of the bill should explain why timely action is necessary.

The Supreme Court, in the *Grove City* case (1984), ruled that only institutional programs receiving federal funds were required to follow civil rights laws. Legislation has been introduced in each session of Congress since 1984 to restore the institution-wide coverage of the Civil Rights Act adopted in 1963 and amended on a number of occasions.

Specific concerns related to the issue of abortion grow out of regulations promulgated for the application of Title IX of the Civil Rights Act. Abortion is not mentioned in the Act, but it is included in the regulations for implementing the Act. The specific regulations in question are 34 CFR Sections 106.39, 106.40, and 106.57.

- 106.39 deals with health and insurance benefits and services and prohibits "discrimination on the basis of sex . . . ."

- 106.40 deals with marital or parental status and refers to "termination of pregnancy and recovery therefrom" and indicates that this is a "temporary disability."

- 106.57 deals with marital or

parental status and includes "termination of pregnancy" as an issue related to leaves, disability income and other fringe benefits.

Although no effort has been made as yet to enforce the above-mentioned regulations as they apply to abortion, the following hypothetical applications seem possible:

- A religiously affiliated hospital or educational institution not meeting the requirements for a religious tenets exemption (a clause which determines whether or not an institution is controlled by a religious body) might be required to provide abortion services within the context of its health care insurance both for students and employees. Such coverage might be inconsistent with the philosophy of the particular institution. Nevertheless, the failure to qualify for the religious tenets exemption would result in morally objectionable procedures.

- It is possible that an expansive reading of the regulations would even require hospitals not meeting the religious tenets exemption to perform abortions.

In response to these hypothetical applications of the regulations, Senator John Danforth (R-MO) introduced an amendment which stated explicitly that federal civil rights laws could not be used to compel religiously affiliated educational institutions and hospitals to provide abortion services. Thus, institutions unable to meet the narrow definition of the religious tenets exemption would not have to provide abortion as a health or medical benefit.

The primary sponsors of the Civil Rights Restoration Act hoped the Senate would pass the bill as reported out of the Committee on Labor and Human Resources unamended.

Some senators said they planned to support on the Senate floor an abortion-neutral bill, implying that they supported the Danforth Amendment. In fact, however, they did not support the Danforth Amendment because they claimed the bill was already abortion neutral. Others disagreed with such analysis.

Support for the amendment came from senators with diverse political philosophies such as Strom Thurmond (R-SC), Howell Heflin (D-AL), Robert Dole (R-KA), Bob Graham (D-FL) and Mark Hatfield (R-OR). Both the Catholic Health Association and the American Hospital Association have endorsed an abortion-neutral amendment. The Southern Baptist Convention, in its 1987 annual meeting in St. Louis, expressed support for the Danforth Amendment in a resolution.

When the Senate voted, the Danforth Amendment passed by a 56-39 vote. The bill will be considered this session in the House of Representatives. Hearings on the bill in the immediate future will take place in both the Committee on Education and Labor and in the Committee on the Judiciary. ■

*Braidfoot and Parham are associate directors of the Christian Life Commission.*

## SURVEY SHOWS DRUG USE OF HIGH SCHOOL SENIORS

### Teens Polled on Use of Cocaine Marijuana, Alcohol, and Cigarettes

By John V. Young

The timeworn cliché, "I have good news and bad news," aptly describes the results of the 13th annual report of the Institute for Social Research (ISR) of the University of Michigan. Each year the institute conducts a survey in 130 high schools across America, which involves more than 15,000 seniors. The chart on page 11 summarizes the findings concerning cocaine use in 1987 compared to the two previous years.

When the survey results were released, newspaper headlines across the nation touted the decline in cocaine use, and some pointed to the possibility that the massive \$3.6 billion anti-drug campaign conducted by United States government agencies was finally beginning to have an impact on young people in our nation. Nearly two-thirds of the \$3.6 billion is allocated to the Drug Enforcement Administration (DEA), the Customs Service and the Coast Guard to reduce the supply of cocaine.

Clearly, however, many police officials do not see a decline in cocaine availability on the streets of our cities. Terms such as "epidemic," "crisis" and "out of control and growing" are often used by city police. Dr. Lloyd Johnston, one of the three principal researchers, said responses to the survey about availability indicated that "if anything, cocaine is perceived as being more available in the last couple of years."

Dr. Ian Macdonald, director of the Alcohol and Drug Abuse Mental Health Administration, told reporters

he believes the trend was due more to education and prevention efforts by public and private agencies rather than efforts to cut off drug supplies.

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*While illicit drug use appears to be on the decline . . . U.S. usage is still the highest of all industrialized nations.*

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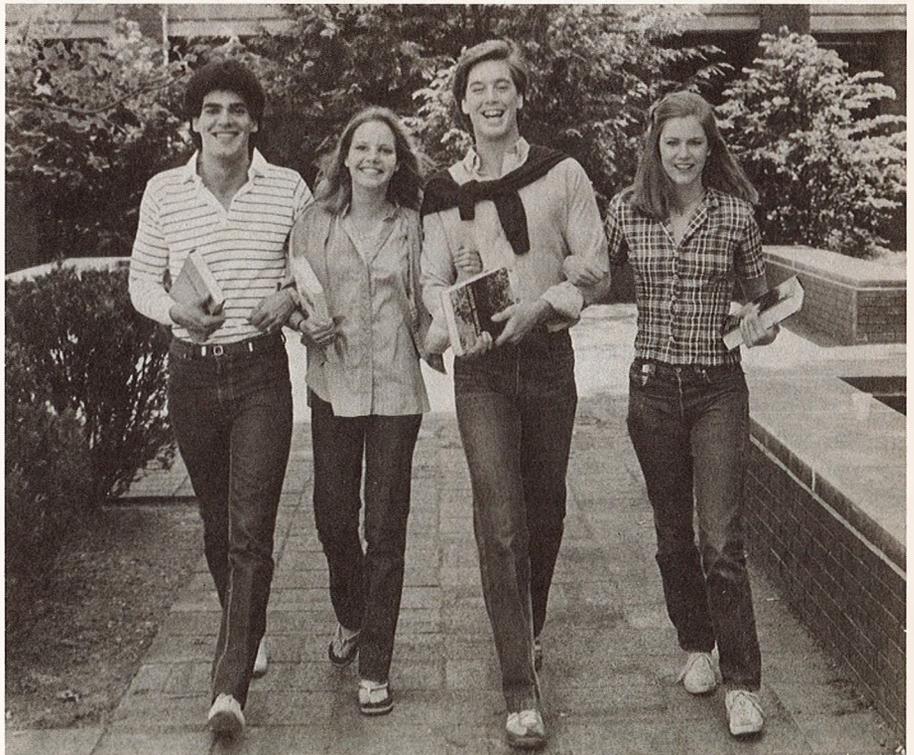
Otis Bowen, Health and Human Services Secretary, said, "Attitudes toward cocaine and other illicit drugs now reflect a greater awareness among our young people of the dangers of drug use."

While this "good news" is somewhat encouraging, it must also be pointed out that the results of the survey did not take into account those high school students who are "drop-outs." Researcher Johnston said, "The population that doesn't finish high school is on average at higher risk for illicit drug use." He further noted that in the city of Detroit, Michigan, the dropout rate is at least 45 percent, which is one of the highest in the nation.

In addition to the decline in cocaine use, marijuana use continued to show a slight decline.

The 3.3 percent of high school seniors who reported smoking pot daily is the lowest reported use since the peak of 10.7 percent who smoked pot daily in 1978. While illicit drug use appears to be on the decline, the University of Michigan researchers maintain that U.S. usage is still the highest of all industrialized nations in the world.

The "bad news" that came out of



*More than 15,000 high school seniors in 130 schools were surveyed on their use of alcohol and other drugs.*

**Researchers reported that cigarette smoking will take the lives of more young people than all other drugs combined.**

the 1987 survey is that alcohol use is continuing at a dangerously high level. The ISR study revealed that two-thirds of all high school seniors drank in the month preceding the survey. Three out of 10 members of the senior class did not perceive getting drunk once or twice over the week-end as being any "great risk." One out of 20 admitted drinking alcohol every day.

While alcohol is a legal drug, it is not legal for persons under 21 years of age in most states. In addition to the dangers of drunk driving and alcohol addiction, alcohol also drowns one's inhibitions and common sense. Alcohol has been termed "a gateway drug," since its use often leads to the use of other drugs or to sexual promiscuity. Perhaps the greatest danger to unsuspecting teenagers who drink alcohol is the risk of contracting the deadly AIDS disease from sexual contacts that could occur because of lowered inhibitions.

One final bit of "bad news" from the ISR survey is that current patterns of cigarette smoking are not encouraging either.

Researchers reported that cigarette smoking will take the lives of more young people than all other drugs combined. One of every five high school seniors lights up every day of the week, and three in every ten see no "great risk" in smoking one or more packs per day.

After reviewing the results of the 1987 survey, one can only conclude that substance abuse among our teenagers continues to be a major problem that demands our time and attention for more effective education and prevention. ■

*Young is an associate director of the Christian Life Commission responsible for education and action related to drug and alcohol abuse.*

**Cocaine Usage  
Among High School Seniors**

	1985	1986	1987
<b>Frequency of use</b>			
Have ever used	17.3%	16.9%	15.2%
Used in last year	13.1%	12.7%	10.3%
Used in last month	6.7%	6.2%	4.3%
Daily use in last month	0.4%	0.4%	0.3%
<b>Perceive "great risk" for</b>			
Use cocaine once or twice	34.0%	33.5%	47.9%
Use cocaine occasionally	NA	54.2%	66.8%
Use cocaine regularly	79.0%	82.2%	88.5%

**Marijuana Usage  
Among High School Seniors**

	1985	1986	1987
<b>Frequency of use</b>			
Have ever used	54.2%	50.9%	50.2%
Used in last year	40.6%	38.8%	36.3%
Used in last month	25.7%	23.4%	21.0%
Daily use in last month	4.9%	4.0%	3.3%

**Alcohol Usage  
Among High School Seniors**

	1985	1986	1987
<b>Frequency of use</b>			
Have ever used	92.2%	91.3%	92.2%
Used in last year	85.6%	84.5%	85.7%
Used in last month	65.9%	65.3%	66.4%
Daily use in last month	5.0%	4.8%	4.8%
Have 5 or more drinks in a row 1 or more times in last 2 weeks		36.8%	37.5%
<b>Perceive "great risk" for</b>			
Try 1 or 2 drinks	5.0%	4.6%	6.2%
Take 1 or 2 drinks daily	24.4%	25.1%	26.2%
Take 4 or 5 drinks once or twice each weekend	69.8%	66.5%	69.7%

**Cigarette Usage  
Among High School Seniors**

	1985	1986	1987
<b>Frequency of use</b>			
Have ever used	68.8%	67.6%	67.2%
Used in last month	30.1%	29.6%	29.4%
Daily use in last month	19.5%	18.7%	18.7%

# ETHICS LIBRARY

## Four Resources for World Hunger Education and Action

By Robert Parham

As we look toward the observance of World Hunger Day and the challenges of the next decade, we can benefit from reading four hunger books. The first two contribute to our understanding; the second two give us suggestions for hands-on involvement. All deserve reading in the months ahead.

In the midst of all the bleak news accounts about the widespread hunger and economic collapse of a large number of the 42 nations in sub-Saharan Africa, are some "mustard seed" reports of good news. Some efforts are working. Break-throughs are taking place. Paul Harrison has written a book aimed at pointing out these successes: *The Greening of Africa: Breaking Through in the Battle for Land and Food* (New York: Penguin Books, 1987).

Harrison, a freelance English writer, believes that the African crisis is fourfold: food, poverty, debt and environment. But it is the environment which most concerns him: "Africa's environmental crisis will deepen and perpetuate her food, poverty and financial crisis. It threatens not just the hope of progress, but even the hope of survival."

A methodical overview of the causes of the crisis sets the stage for the next 200 pages focusing on responses—responses which work. Two successful projects are illustrative. First is the reforestation project in Niger's Majjia Valley where 205

miles of double-row trees have been planted. The benefits of the project, started in 1974, are now most evident. The trees protect the land from soil erosion, cut down on evaporation, contribute to a 20 percent increase in crop yields (compared to farmland unprotected by windbreaks) and provide farmers with wood, which is the major source of cooking fuel.

The second example is the introduction of a mud stove in Burkina Faso which is inexpensive, easily built and energy efficient. The stove replaces the traditional pattern of cooking over a three-stone fire, a highly inefficient use of energy. Instead of consuming five sticks of wood, the stove consumes one. Such saving results in the decreased demand for firewood which in turn slows the destruction of timberland and protects the environment. The stove also has another benefit. It frees rural women from spending up to six hours a week gathering wood, allowing them more time to engage in food production.

Harrison has written a book of hope about a continent facing a catastrophic future. Read it, and know that small-scale developmental projects can work.

In some ways, Art Simon's book entitled *Christian Faith and Public Policy: No Grounds for Divorce* (Grand Rapids: William B. Eerdmans Publishing Company, 1987) is similar to Harrison's. Both add to the reader's understanding of

hunger and offer evidence of successful anti-hunger efforts. Beyond these generic similarities, however, they go their separate ways. Simon focuses on faith rather than firewood, theology rather than agriculture and citizenship rather than climate.

Simon's focus in the book is consistent with his position as the executive director of Bread for the World, a national Christian citizens' movement seeking government policies that combat the causes of hunger. One of the unanticipated aspects of the book, however, is its biographical flavor. Simon sheds light on his own background, as well as how Bread for the World started. *Christian Faith and Public Policy*, nevertheless, is neither an autobiography nor a history of the organization.

Through eight chapters, with titles such as "The Biblical Roots of Social Concern," "Finding the Right Principles," "Public Policy Groups" and "Living with Limitations," Simon lays out his theological stance and social change strategy.

One of Simon's themes that needs to be heard by Southern Baptists concerns the relationship between the Bible and public policy prescriptions. He rejects the notion that the Bible offers a blueprint for government in favor of the concept that the Bible offers "a solid foundation on which to build." Simon points out that "the Bible does not describe for us the most appropriate role of government regarding higher education, the African famine, or most other issues. But it does tell us that governments have a positive obligation to promote justice." This lack of absolute certainty does not excuse Christians from action, but it does call for fidelity to Christian principles and sound analysis. It also calls for modesty.

Kim Bobo's book, *Lives Matter: A Handbook for Christian Organizing* (Kansas City: Sheed & Ward, 1986), breaks new ground in the field of social change. "Literally hundreds of books have been written on the problems of hunger," Bobo writes. "A few of these books devote a chapter or two to what people can do to work against hunger. Not one book concentrates on how to do it."

She tackles the "how-to" question in 16 chapters, addressing topics from beginning a hunger ministry to designing a workshop, and from lobbying elected leaders to advocacy within your own church. Each chapter provides step-by-step guidelines. Included are a sample news release, an example of a telephone conversation to set up an interview with a newspaper reporter and an evaluation form to assess a local hunger ministry. After eight years at Bread for the World, Bobo speaks from experience.

While Bobo's book focuses on hunger, her suggestions for how to accomplish moral objectives can be applied to every social issue. Local church Christian Life Committees, Christian social ministers and a variety of seminary classes could benefit from reading *Lives Matter*. Southern Baptists need to have better handles for practical involvement.

Another "hands-on" book is edited by two staff members of *Seeds* magazine, Leslie Withers and Tom Peterson: *Hunger Action Handbook: What You Can Do and How To Do It* (Decatur, Georgia: *Seeds Magazine*, 1987). Their book dovetails with Bobo's, almost forming a two-volume set. Bobo even wrote a chapter for the book.

*Hunger Action Handbook* is written by "field-tested" people. They discuss how to start a food pantry, soup kitchen and night shelter. They look at investing money responsibly, raising money, having a hunger meal, sponsoring a hunger walk and educating a local church congregation about hunger. As evidence of the book's practical nature, one author includes a list of food items that ought to go in a three-day food box.

"This book is for people who want to do something, who want to get their hands dirty," write Withers and Peterson. As such, it is for a mission- and ministry-minded people like Southern Baptists.

Plan to celebrate the tenth anniversary of World Hunger Day. Use these four books to inform, to challenge and to equip your church for the next decade of action against hunger. ■



## Southern Baptists To Observe Tenth Anniversary of World Hunger Day

By Robert Parham

Southern Baptists will observe the tenth anniversary of World Hunger Day set on the denomination's calendar for October 9, 1988. We have a lot to celebrate. Consider just three of our accomplishments:

● **Southern Baptists gifts to world hunger have been impressive.** From the first observance of World Hunger Day in August, 1978 through calendar year 1986, Southern Baptists gave approximately \$54.8 million for hunger ministries through the Foreign and Home Mission Boards. This is a remarkable achievement considering the fact that the convention has neither an official hunger offering nor fund-raising program.

If a mechanism existed to measure hunger gifts which are allocated for use in the local church, association and state convention, the level of hunger giving by Southern Baptists would be even more impressive.

● **The hunger issue has become a consensus social issue.** It has advanced rapidly from the periphery to the mainstream of ethical concerns in a denomination known for its conservatism. Southern Baptists now accept that feeding hungry people and helping them to feed themselves

is one of the issues at the core of the biblical message and Baptist mission.

● **Southern Baptist mission boards continue to expand their hunger ministries.** The Foreign Mission Board has 50 agricultural missionaries in 32 different nations and 156 hunger relief projects in 41 nations. The Home Mission Board distributes hunger funds in nearly every state and in the District of Columbia.

The tenth anniversary of World Hunger Day affords Southern Baptists an occasion to reflect on past achievements, as well as to recommit ourselves to deeper involvement in the upcoming decade.

In a world where an estimated 730 million people face chronic hunger each day, we face many future challenges. No two greater challenges exist than better understanding about hunger and better handles for involvement. The more we understand about the complex, interwoven causes of hunger, the more likely we are to put in place realistic strategies ensuring social change. ■

*Robert Parham is an associate director of the Christian Life Commission responsible for hunger concerns.*

## The Battle Against Obscenity: A Plan for Action

With the production of a new 59-minute videotape entitled "The Battle Against Obscenity: A Plan for Action," the Christian Life Commission is stepping up its efforts in the fight against obscenity and child pornography.

This dynamic presentation traces developments in the sexual revolution in America, demonstrates the pervasive and destructive impact of pornography on our young people, outlines the addictive nature of the use of obscene materials and challenges Southern Baptists to get involved in the battle through a seven-point plan for action.

Leaders who speak to the hardcore pornography issue include:

- Alan Sears—legal counsel with Citizens for Decency through Law and former executive director of the U.S. Attorney General's Commission on Pornography.

- Dr. Victor Cline—clinical psychologist and anti-pornography advocate.
- Ken Wooden—investigative reporter and child advocate.
- Paul McCommon—attorney with the National Obscenity Enforcement Unit of the U.S. Department of Justice.
- Rob Showers—director, National Obscenity Enforcement Unit, U.S. Department of Justice.
- Dr. Jerry Kirk—founder, Religious Alliance Against Pornography (RAAP).
- Dr. Larry Baker—executive director, Christian Life Commission, SBC.

To rent or purchase this new videotape, please fill out the order form below and mail it to the Christian Life Commission.

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