

## REPORTS ON CHRISTIAN ACTION

### Report of the Commission on Christian Action

The Commission on Christian Action met November 16-17, 2000, on the campuses of Hope College and Western Theological Seminary in Holland, Michigan; and February 9-10, 2001, at the Xavier Retreat and Conference Center in Convent Station, New Jersey.

#### GENETIC TESTING AND SCREENING

The Commission on Christian Action presented reports on genetic engineering to the General Synod in 1988 and in 1999. The 1999 General Synod voted to circulate the 1999 report, "Genetic Engineering: An Update" (*MGS 1999*, pp. 87-98) and directed the Office of Social Witness and the RCA Distribution Center to make study resources available to RCA members and congregations (*MGS 1999*, R-28, p. 98). In November 2000 the commission and the Office of Social Witness presented a forum, "New Genetics: Issues in Science, Faith, and Ethics," on the campuses of Hope College and Western Theological Seminary. The 1999 General Synod also directed the Commission on Christian Action to follow the 1999 paper with an analysis of the moral and ethical questions that genetic engineering raises, for report to the General Synod 2001 (*MGS 1999*, R-22, p. 98).

The explosion of new genetic technologies, increasingly available for widespread medical and legal use, has brought with it new and difficult ethical questions. These new questions are difficult because the technologies are breaking new ethical ground. There are few standards by which to make an ethical evaluation of the new technologies. Yet many will be faced with these questions for themselves, for family members, or by people seeking pastoral advice. It is important for the church to be involved in the questions raised by genetic technologies not only to serve church members who are faced with the questions brought about by genetic technologies but also to be a part of a dialogue about the ethical issues. To be an effective partner in this dialogue the church must be informed by *both* science and faith.

Genetic technology is a broad term that includes genetically engineered food, animal and human cloning, use of stem cells, gene therapy, gene replacement, genetic enhancement, genetic testing, and genetic screening. This paper focuses on genetic testing and screening, two of the most commonly used genetic technologies. The commission hopes to address issues raised by some of the other areas of genetic technologies in future papers.

Genetic testing employs a wide variety of laboratory tests to determine the genetic status of *individuals* already suspected to be at high risk for a particular genetic condition based on family history or a positive screening test. Genetic screening is the testing of apparently healthy individuals in a *population* to identify those at increased risk of genetic disease themselves or whose children (including future children) may be at increased risk of disease.

#### Techniques used for genetic testing and screening

Both genetic testing and genetic screening use similar or identical techniques. The techniques seek to identify some DNA change or genetic variant known to be associated with a genetic disease or to match a sample of DNA to the individual from whom it came. A genetic variant known to be associated with a genetic disease can be called a mutation or a mutant gene. Mutations can be inherited or acquired spontaneously. The mutant gene contributes to the disease by failing to produce the protein product it should or by producing a protein product that fails to perform its proper function. Mutant genes associated with

many genetic diseases have been discovered and more are likely to be found as the Human Genome Project has now been completed and its information becomes readily available for research use.

The actual techniques used for genetic testing and screening vary. The results of genetic tests depend on reliable laboratory procedures and accurate interpretation of the test results. The tests vary in their sensitivity or their ability to detect mutant genes in all patients that have or will have the disease associated with that mutant gene. The tests can be performed on embryos, fetuses, children, or adults. The precise technique used depends on the amount of tissue available for testing and the type of mutation expected. Techniques that are commonly used for genetic testing and screening include:

1. Ultrasound or sonograms use high frequency sound waves to image a fetus. This is a genetic test/screen that can identify genetic disorders that are already present as an observable phenotype (trait). For example, achondroplasia (a form of dwarfism) can be detected by ultrasound.
2. Karyotypes are an examination of banding patterns, size and number of an individual's chromosomes. This technique can detect large changes in chromosome number or structure. Down's syndrome can be detected by a karyotype.
3. Polymerase chain reaction (PCR) is a technique that amplifies minute amounts of DNA for further analysis, provided some sequence information about the trait is known. PCR is important if the sample for testing is very small. PCR is used to identify specific sequence changes or changes in the number of a small repeating sequence of DNA. PCR is used in pre-implantation genetic testing.
4. Restriction fragment length polymorphism (RFLP) is a technique that takes advantage of the fact that some mutations change the size of some DNA fragments. RFLP analysis can be used to identify single changes or other small changes in DNA sequence.
5. Variable number of tandem repeats (VNTR) is a technique that takes advantage of natural variation found in individuals and is useful in matching a sample of DNA to the individual from whom it came.
6. Allele-specific oligonucleotide hybridization (ASO) is used to detect a common and very specific mutation, known to cause a disease phenotype. ASO can be used to detect a carrier of the gene for cystic fibrosis.
7. DNA sequencing is used to determine the exact sequences of bases (nucleotides, often represented by the letters C, A, T, and G) in the gene of the individual being tested. DNA sequencing is used to detect mutant forms of the breast cancer genes, BRCA1 and BRCA2.
8. Chemical/protein detection identifies abnormal or absent protein products of mutant genes; or excessive or insufficient chemical levels associated with failure of a gene product to function properly. Testing for phenylketonuria (PKU) detects unmetabolized phenylalanine, a natural product that is not metabolized in PKU patients.

### Types of genetic testing and screening

Genetic testing and screening can be grouped into three major categories or types according to the reason for testing, the type of DNA variant expected, and the age or stage of development of the individual. The first category is testing or screening for **identification**. Genetic testing or screening for the purpose of identification can be used at any age after birth and a variety of DNA tests can be used. Common uses of genetic testing or screening for identification include legal cases to determine paternity, forensics to eliminate or include suspects in criminal investigations, or to identify victims of crimes. Testing or screening for identification can also be used to identify victims of war, accidents, or large-scale disasters such as earthquakes.

Genetic testing and screening can also be performed on **offspring**. Offspring may be tested at various times during development. Newborn genetic tests are performed on infants within days of birth. The tests can detect specific genetic diseases by examining a DNA or a blood sample from the infant. Some newborn tests are routine. For example, infants born in all U.S. states are routinely tested for phenylketonuria (PKU) and congenital hypothyroidism. If there is a family history of a specific genetic disease, other tests may be performed. These tests are done for reasons that extend beyond reassurance. For certain genetic diseases, early intervention, such as dietary restrictions or hormone therapy, can reduce or prevent the devastating consequences of the genetic disorder. Children with some genetic disorders clearly benefit from an early genetic test. But, for which genetic disorders should newborn tests be performed and who should make that decision? Three groups, the American Society of Human Genetics, the American College of Medical Genetics, and the Task Force on Genetic Testing created by the National Institutes of Health, suggest that genetic testing of children is justified when there is direct medical benefit for the child, a benefit that would be lost by waiting until the child reaches the age at which the disease manifests itself.

Prenatal testing is performed during pregnancy at various times between implantation of an embryo and birth. There are many forms of prenatal testing that are commonly used. Elevated alpha-fetoprotein levels in the mother's blood may indicate fetal neural defects. Ultrasound can image the development of fetal organs and can detect genetic abnormalities that disrupt normal organ development. Chorionic villi sampling and amniocentesis are genetic tests in which a sample of fetal cells is examined by karyotype or another genetic test. Karyotype analysis of fetal cells can detect large changes in chromosome number or structure. Typically these tests are done for reassurance that all is well with the pregnancy. However the test results give probabilities, not complete assurance. Karyotype analysis may not reveal some genetic abnormalities and ultrasound exams reveal only genetic diseases that are manifested as a visible abnormality.

Doing a genetic test is never a neutral act. The new knowledge requires a response, in some cases that may mean facing a difficult decision. When people seek genetic testing they must be ready to face the new responsibilities and sometimes difficult decisions presented by the knowledge the test will provide. It is not clear that individuals undergoing some of these common tests, such as ultrasound, recognize them as genetic tests or are ready for the situation they face if the test results are different than they hoped or expected.

Pre-implantation testing is the newest form of genetic testing of offspring. It is used in conjunction with in vitro fertilization technology when couples know that there is a high probability that their offspring will have a genetic disease. Eggs are harvested from the mother and fertilized in vitro using sperm from the father and techniques that are now quite standard. The fertilized egg begins to grow, divide, and then a few cells from the embryo are removed and tested for a specific mutant gene. Only the embryos that lack the mutant form of the gene are used for implantation. The motivation for use of pre-implantation genetic testing is to have healthy babies and to avoid the suffering that accompanies so many genetic diseases. Increasing the likelihood of a healthy child and avoidance of suffering seem like good reasons to pursue pre-implantation genetic testing. Ethical questions come in to play, however, when people decide which diseases are serious enough to avoid. Ethicists caution against viewing children as commodities and ask if healthy children are a right or a gift. They suggest that our society is moving from an attitude of accepting the children we are given as gifts, to deciding which children, which gifts, we will accept.

Prenatal and pre-implantation genetic testing intensifies the abortion issue. The status of and what is to be done with embryos not used for implantation remains unclear and controversial. Parents who, through prenatal testing, learn that the child they are expecting will suffer from a terrible genetic disease are faced with enduring the pain and suffering of abortion or the pain and suffering their child will experience.

The final category of genetic testing and screening is adult genetic testing/screening. A variety of techniques are used for genetic testing and screening of adults, depending on the nature of the genetic mutation that is expected. The techniques used, though, all try to identify a particular genetic mutation that can cause genetic disease but has not yet exhibited any symptoms. Adult genetic testing and screening is also done for several different reasons.

Carrier testing identifies individuals who are carriers of recessive genetic disorders. The individuals being tested are unaffected but have a possibility of giving birth to an affected child. Carrier testing is usually performed when individuals have reason to suspect they carry a mutant gene based on family history. The most common reason individuals seek carrier testing is to make informed childbearing decisions.

Alternatively, adults may seek genetic testing to define their risks for dominant late-onset disorders—genetic diseases in which disease symptoms do not appear until adulthood. Genetic testing for dominant late-onset genetic diseases, presymptomatic genetic testing, can detect an individual who will definitely succumb to a genetic disease later in life. Huntington's chorea is an example of such a disease. All individuals with a mutant form of the Huntington's disease gene will get Huntington's disease. Information from these tests does not (yet) provide escape from the disease, only knowledge about whether the person tested will or will not get the disease in the future. Presymptomatic testing is indicated if an individual has reason to suspect they carry a dominant late-onset gene based on family history.

Predispositional genetic testing is used to determine the risk for late-onset genetic diseases that have less than 100 percent penetrance. Individuals who carry these mutant gene forms are at increased risk for some genetic diseases but getting the disease is not inevitable. Many of the genetics tests available currently for late-onset genetic diseases with partial penetrance detect genes for cancer, heart disease, or Alzheimer's disease. An example of one such test is a test for the genes that predispose individuals to breast cancer. BRCA1 is one of these genes and a genetic test for the mutant form of this gene is now available. Women face an 11 percent risk of getting breast cancer by age seventy. If, however, they carry a mutant form of BRCA1 that risk increases to 50 percent by age forty-seven and 80 percent by age seventy. A positive predispositional genetic test does not mean that an individual will get the disease for which he or she was tested and a negative test does not eliminate risk for the disease. The test refines the risk, providing a more accurate picture of the risk faced by the individual that was tested.

### **Consequences of genetic testing and screening**

Genetic testing and screening offers many attractive benefits to individuals and to society. Identification testing can exonerate someone who was unjustly convicted or accused of a crime; it can identify victims of crimes, accidents, war, or disasters, giving information that may provide comfort and closure to family members; and it can clarify paternity, which may be important for financial, medical, or other reasons.

Offspring testing and screening may provide reassurance to prospective parents, but it really only provides information about probabilities, not assurances. It can prevent the devastating effects of some genetic diseases or define care and management options for other diseases. Offspring testing can lead to avoidance of the suffering that would be an inevitable part of the life of a child born with a genetic disease, or provide parents with the information necessary to make an informed choice. Pre-implantation testing can greatly increase the probability of having a healthy baby.

Adult testing aids in making informed childbearing decisions. It also clarifies an individual's risk for a particular disease, determining whether that individual is at the same risk as the general population or at a higher risk level. Clarifying risk can help define care and management options, such as revealing whether or not a significant lifestyle change is required, if aggressive drug therapy is necessary, or even if a prophylactic mastectomy or oophorectomy is warranted. Finally, test results can provide psychological relief regardless of the outcome. Patients usually indicate that the knowledge provided by genetic testing brings a sense of power—at least the enemy has been identified and they know what they are combating.

The information received from genetic testing can also lead to potential problems. Genetic testing patients may blame family members for passing on a mutant gene. Others may experience survivor's guilt, along with questions as to why they were spared and others were not. Some parents or grandparents may feel guilty for passing a defective gene to affected children. Other patients may develop a fatalistic view of life, coming to believe that we are nothing more than the products of our genes and all has been decided in advance.

Of great concern to genetic testing patients is the potential misuse or misappropriation of test findings that may result in loss of insurance (life, health, or disability) or in the denial of benefit payments. Other patients may be subjected to discriminatory actions, including the potential loss of employment due to the revelation of genetic test findings. Finally, some patients may experience recrimination from a society that may disagree with a particular life decision made in light of test information. Such may be the case of a parent who chooses to give birth to a critically ill child, nearly certain to succumb to death in early life, whose brief survival results in great financial cost to the health care system.

### **Issues for public policy**

Public policy must address issues of safety and accuracy of the tests and the laboratories in which they are performed. Tests must be reliable and safe. Furthermore, tests must be interpreted accurately. A fully certified genetic counselor should be involved whenever possible to communicate the information accurately and to provide counseling support.

Issues of confidentiality should also be addressed and must clearly regulate who has access to the information from genetic testing. If insurance companies pay for the test they may want access to the test results. But it is not yet clear whether they should have access to that information or if it belongs solely to the patient.

The requirements of informed consent must also be clearly regulated. Genetic testing is not done in isolation. The results affect the genetic status of other family members, offspring, and future offspring. Identification of the patient is not easy. For example, in prenatal testing, are the patients the parents or is the patient the child? If a person tests positive for a mutant gene, does that person owe that information to other family members who now have an increased probability of also carrying the mutant gene? Individuals seeking genetic testing must understand beforehand that the information acquired from genetic testing is not information they receive in a vacuum. The information will likely affect a large number of other people and those who will be affected should be informed before the test is performed.

Finally, genetic testing can be very expensive and society must deal with the issue of extreme disparity of available health care. While our society is debating the merits of genetic testing for rare diseases, children worldwide are dying of simple problems such as hunger and diarrhea. Jesus teaches us in the parable of the sheep and the goats (Matt. 25) that we are to be a voice for those who have no voice. "Truly I tell you, just as you did it

to one of the least of these who are members of my family, you did it to me” (Matt. 25:40) and alternatively, “Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me” (Matt 25:45).

The current state of disparity in health care between the wealthy and the poor should not be tolerable to Christians. Increased technology has the potential for making the current disparity greater. Genetic testing and screening should be available to all whom it could benefit, regardless of their income level. To that end, public policy must assure that health care programs for the poor provide necessary funds to pay for equal access to genetic testing and its benefits.

The outlook for the benefits of genetic testing and screening is optimistic. Genetic testing and screening has an enormous potential to contribute in a positive way to human society and individual lives. It can lead to increased quantity and/or quality of life, has the potential to reduce health care costs, and it is the first step in gene therapy or gene replacement technology. Gene therapy/replacement contains additional ethical concerns and in that light genetic testing and screening may actually lead to pharmacogenetic treatments and decreased need for gene therapy. Pharmacogenetics is a new area of research that uses specific genetic information for a patient to design drugs that will act best for that particular individual with their unique genetic structure. Genetic testing is one of the first steps in pharmacogenetics.

### **The role of the church**

The church must be solidly informed by both faith and science if it is to play a role in shaping the ethical context surrounding genetic testing and screening. The church needs to possess an accurate, complete, and sophisticated understanding of the scientific issues. The scientific community appears to be open to ethical input, as evidenced by the money set aside by the Human Genome Project for studying the ethical issues that it evokes.

Genetic testing and screening provide us with increased information. The writer of Ecclesiastes reminds us that “with much wisdom comes much sorrow; the more knowledge the more grief” (Eccles. 1:18, NIV). Increased knowledge inevitably brings increased moral responsibility. Genetic testing is never a neutral act. Once information from genetic testing is acquired, there is no avoiding some response. Inaction is no less a response than action. The church needs to stand with, support, and share the love of Christ with our brothers and sisters responding to information received from genetic testing.

The church has an important role to play in providing a biblical perspective on disease, suffering, and wholeness. A deeper, more holistic perspective will offer a word of caution to society, which seems so eager to seize on the hope of perfection through technology. We must remind our fellow humanity that technological advances, no matter how marvelous, will not save us. Salvation and wholeness finally come only through Jesus Christ.

The church is always predisposed toward efforts both to alleviate suffering and value life, although neither is finally our ultimate loyalty. As we encounter issues surrounding genetic testing and screening, we proceed with caution, with accurate scientific information, and as prayerful, humble creatures.

### **Glossary**

**Alpha-fetoprotein (AFP)** A protein normally synthesized by the liver, yolk sac, and GI tract of a human fetus, but which may be found elevated in the sera of adults having certain malignancies or carrying a fetus with neural defects.

**Clone** Organism, cells, or molecules that are descended from a single progenitor.

**Congenital hypothyroidism** Inherited condition in which the thyroid gland is overactive. The gland is usually enlarged, secreting greater than normal amounts of thyroid hormones, and the metabolic processes of the body are accelerated.

**Deoxyribonucleic acid (DNA)** A large nucleic acid molecule found primarily in the nuclei of cells where it functions as the carrier of genetic information.

**Dominant late-onset disorders** Disorders that are manifested when an individual carries only one copy of the mutant gene but the symptoms of the disease do not appear until after the age of reproduction.

**Embryo** The stage of human prenatal development between the time of implantation (about two weeks after conception) until the seventh or eighth week of development. The stage is characterized by rapid growth, differentiation of the major organ systems, and development of the main external features.

**Fetus** The stage of human prenatal development after the embryonic period, usually from the eighth week after conception to birth.

**Gene replacement** Form of gene therapy in which a normal or functional gene is introduced in such a way that it replaces the resident faulty gene, restoring normal function to the cell in which the replacement occurs.

**Gene therapy** The correction of a genetic deficiency in a cell by the addition of new DNA and its random insertion into the genome.

**Genetic enhancement** A form of gene therapy in which the resultant change does not correct a clear genetic deficiency, but rather improves or augments a normal function already present in the cell or organism.

**Genetic screening** The testing of apparently healthy individuals in a population to identify those at increased risk of genetic disease themselves or whose children (including future children) may be at increased risk of disease.

**Genetic testing** Tests that determine the genetic status of individuals already suspected to be at high risk for a particular genetic condition based on family history or a positive screening test.

**Huntington's chorea** A lethal human disease of nerve degeneration with late-age onset. It is inherited as an autosomal dominant phenotype.

**In vitro fertilization** Fusion of sperm and ovum (egg) outside of the female reproductive tract.

**Karyotype** The entire chromosome complement of an individual or cell, as seen during mitotic metaphase.

**Mastectomy** The surgical removal of one or both breasts.

**Mutant gene** A gene carrying a mutation.

**Mutation** The process that produces a gene or chromosome set that differs from wild-type (normal/typical) or the gene or chromosome set that results from such a process.

**Oophorectomy** The surgical removal of one or both ovaries.

**Pharmacogenetics** New form of drug therapy that uses specific genetic information for a patient to design drugs that will act best for that particular individual with his or her unique genetic structure.

**Phenotype** The detectable outward manifestation of a specific gene or set of genes carried by an organism.

**Phenylketonuria** A human metabolic disease caused by a mutation in a gene encoding a phenylalanine-processing enzyme, which leads to mental retardation if not treated; inherited as an autosomal recessive phenotype.

**Recessive genetic disorders** Genetic disorder that is only expressed as a phenotype in individuals homozygous for the recessive gene; the individual must possess two copies of the mutant gene to express the phenotype.

**Stem cells** Cells that divide, generally asymmetrically, to give rise to two different progeny cells. One is a stem cell like the parental cell and the other is a cell that enters a differentiation or specialization pathway.

### Resources

Willer, R.A., Editor, *Genetic Testing and Screening: Critical Engagement at the Intersection of Faith and Science*, Kirk House Publishers, 1998, ISBN 1886513112

Alliance of Genetic Support Groups, <http://medhlp.netusa.net/222/agsg.html>

Human Inheritable Genetic Modifications: Assessing Scientific, Ethical, Religious and Policy Issues, <http://www.aaas.org/spp/dspp/sfirl/germline/main.htm>

March of Dimes Birth Defects Foundation, <http://www.noah.cuny.edu/providers/mod.html>

National Reference Center for Bioethics Literature, <http://www.georgetown.edu/research/nrcbl/scopenotes/sn22.htm>

National Society of Genetic Counselors, <http://members.aol.com/nsgcweb/nsgc/home.htm>

The Council of Regional Networks, <http://www.cc.emory.edu/pediatrics/corn/member/coorlist.htm>

The National Human Genome Research Institute, <http://www4.od.nih.gov/oba/sacgt.htm>

Understanding Genetic Testing, <http://www.gene.com/ae/ae/aepc/nih/index.html>

What is Genetic Testing? <http://www.lbl.gov/education/elsi/frames/genetic-testing-f.html>

### R-105

**To direct the RCA Distribution Center to make the paper, "Genetic Testing and Screening," and the 1999 paper, "Genetic Engineering: An Update," available to congregations for study and discussion. (ADOPTED)**

**R-106**

To encourage RCA congregations to identify genetic counselors and other resource people in their communities who can help church members with education, guidance, and support concerning the issues of genetic testing and screening. (ADOPTED)

**R-107**

To encourage RCA seminaries to include in their curricula opportunities for study and discussion of the ethical issues raised by new genetic technologies. (ADOPTED)

**R-108**

To request that congregations send to the Office of Social Witness the names of genetic counselors, scientists, health professionals, and others who could serve as resource people and/or represent the denomination in ecumenical forums and dialogues concerning the issues raised by new genetic technologies.

κThe advisory committee recommended:

**R-108 (amendment)**

To request that congregations send to the Office of Social Witness the names of genetic counselors, scientists, health professionals, Christian ethicists, and others who could serve as resource people and/or represent the denomination in ecumenical forums and dialogues concerning the issues raised by new genetic technologies. (ADOPTED AS AMENDED)

Reason: To ensure that Christian ethical perspectives are represented in the dialogues.<sup>1</sup>

κThe advisory committee presented a new recommendation:

**R-109**

To direct the Commission on Theology to produce a position paper on the ethical and theological implications of the paper, "Genetic Testing and Screening," for report to General Synod 2003. (NOT ADOPTED)

Reason: To provide guidance and assistance to members of the RCA in dealing with these ethical issues.<sup>1</sup>

κThe advisory committee presented a new recommendation:

**R-110**

To request that the Office of Social Witness compile a summary of previous General Synod statements on genetics and related issues and make this available to the church. (ADOPTED)

Reason: To provide guidance and assistance to members of the RCA in dealing with these ethical issues.<sup>1</sup>

The advisory committee presented a new recommendation:

**R-111**

**To direct the Office of Social Witness to explore with the larger Christian community the ethical and theological issues raised by new genetic technologies. (ADOPTED)**

Reason: To cooperate with other Christian communities in offering ethical counsel to the wider society.<sup>1</sup>

**BREAD FOR THE WORLD COVENANT CHURCH PROGRAM**

The 2000 General Synod voted “to encourage RCA congregations to become Bread for the World covenant churches” (*MGS 2000*, R-126, p. 447). Bread for the World is a Christian citizens’ movement that seeks justice for the world’s hungry people by communicating with U.S. legislators and advocating for policies that help people in need. Through the covenant church program a church commits itself to integrate hunger concerns into the life of the congregation. Bread for the World provides education, worship, and action resources for the congregation’s hunger ministry and witness.

Many RCA congregations are responding to the needs of those who are poor and hungry by providing direct assistance and by offering support, training, and encouragement to help people move toward the goal of gainful employment. RCA members and congregations also advocate with governmental leaders concerning public policies that directly affect the lives of the poor. The solutions to poverty and hunger call for acts of both generosity and justice—sharing our substance with those in need and working for a society and a world where none are forgotten or left behind. God calls us “to share your bread with the hungry” (Is. 58:7) and also to “loose the bonds of injustice...to let the oppressed go free” (Is. 58:6). The Bread for the World Covenant Church program provides important resources, guidance, and encouragement for this part of the church’s ministry and public witness.

**R-112**

**To commend the following RCA congregations for their participation in the Bread for the World Covenant Church program and for their ministry and witness on behalf of poor and hungry people.**

**First Reformed Church, Schenectady, New York  
Pitcher Hill Community Church, North Syracuse, New York  
Sunnyside Reformed Church, Long Island City, New York  
Reformed Church of Locust Valley, Locust Valley, New York  
Colts Neck Reformed Church, Colts Neck, New Jersey  
Second Reformed Church, Kalamazoo, Michigan  
Christ Memorial Reformed Church, Holland, Michigan  
Church of the Master, Warren, Michigan  
Covenant Community Church, Muskegon Heights, Michigan  
Hope Church, Holland, Michigan  
Maplewood Reformed Church, Holland, Michigan  
Third Reformed Church, Holland, Michigan  
American Reformed Church, Orange City, Iowa  
Meredith Drive Reformed Church, Des Moines, Iowa  
Christ’s Community Church, Glendale, Arizona**

**(ADOPTED)**

**AFRICA: HUNGER TO HARVEST**

The 1999 General Synod endorsed the Jubilee 2000 Campaign calling for debt relief for the world's heavily indebted poor countries (*MGS 1999*, R-26, p. 110). The synod also voted to encourage local churches to join the 1999 Bread for the World offering of letters campaign, in support of legislation that would effect debt relief for some of the world's heavily indebted poor countries (*MGS 1999*, R-28, p. 111). Thanks to an intensive lobbying campaign and numerous letters from individuals (Bread for the World members generated more than a quarter million letters to members of Congress), the U.S. Congress approved \$545 million over the last two years toward the U.S. share of the international debt relief plan. The World Bank and other international financial institutions also announced a major shift in policy that would tie debt relief efforts to poverty reduction.

In return for debt relief, countries must make a commitment to spend the savings on desperately needed human services, including nutrition, health care, education, and clean water. Poor people in more than a dozen sub-Saharan African countries are already benefiting. Uganda, for example, has used debt relief to help raise primary school enrollment from 54 percent to 90 percent and has also managed to bring down the HIV infection rate, mainly through community education programs.

Bread for the World's 2001 Offering of Letters, "Africa: Hunger to Harvest," urges the U.S. Congress to help reduce hunger in Africa through continued funding for debt relief and an increase of \$1 billion in poverty-focused assistance to Africa. Sub-Saharan Africa is the only region of the world where hunger is widespread and increasing.

With this additional aid African countries could better carry out development programs that give communities the capacity to improve education, health, agriculture, and economic opportunity. The cost to U.S. taxpayers would amount to one penny a day per U.S. citizen. By making this commitment to Africa, the United States could leverage as much as another \$4 billion in development aid from other countries.

Despite positive economic and political changes in Africa, severe problems remain. In sub-Saharan Africa, one of every three persons is chronically undernourished. One child out of every seven dies before his or her fifth birthday, and half of these deaths are due to malnutrition. This hunger has multiple causes, including severe poverty, the HIV/AIDS pandemic, civil wars, continued foreign debt, degraded land, and inadequate education.

African nations need additional U.S. aid to develop their human and natural resources—and thereby strengthen their capacity to deal with hunger, poverty, and related problems. Among other things, sub-Saharan Africa needs 1) resources to improve farming and support farmer-owned businesses, 2) to prevent and treat HIV/AIDS, malaria, tuberculosis, and other infectious diseases, 3) to enroll more children in school (especially girls, who are often kept out), and 4) to create microenterprises and business opportunities. Such poverty-focused development aid has proven effective, especially when no longer influenced by the geo-politics of the cold war and when development programs include the involvement of local community organizations and citizens groups.

In spite of this, U.S. foreign aid has declined steadily over the last fifteen years and is now one-fifth of what it was in 1962. Aid to Africa from the U.S. has dropped by 20 percent since 1990. Currently the U.S. allocates less than 1 percent to foreign aid overall. Development assistance to sub-Saharan Africa is about one-twentieth of 1 percent. The United States ranks last among twenty-two industrialized nations in the percentage of gross national product (GNP) given as development assistance.

Poverty-focused development assistance and debt relief work best together. Debt relief allows a country to redirect money from debt payments toward meeting basic human needs: clean water, basic education, health care, and food. In addition to increased development assistance, “Africa: Hunger to Harvest” will advocate for the remaining appropriation necessary to fulfill the U.S. commitment to the international debt relief plan—\$240 million for fiscal year 2002.

With well-targeted development assistance and continued debt reduction, the U.S. and other wealthy nations can increase the ability of African nations to manage their own development and eventually decrease the need for further aid. Ultimately such programs can bring an end to hunger. Through the simple act of writing letters, Christian citizens can work together to advocate for national and international policies that can dramatically affect the lives of millions of our brothers and sisters in Africa.

**R-113**

**To encourage RCA congregations to participate in the Bread for the World 2001 offering of letters campaign, “Africa: Hunger to Harvest.” (ADOPTED)**

The advisory committee presented a new recommendation:

**R-114**

**To give participants of General Synod 2002 the option of fasting one meal, with the money saved designated for Bread for the World. (ADOPTED)**

Reason: To give delegates an opportunity to put their faith into action.<sup>1</sup>

**Future Work**

The commission continues to research issues raised by new genetic technologies, such as the use of stem cells, gene therapy, and cloning. Other concerns the commission has discussed and may explore further include: agricultural/economic issues, health care reform, ethical investing, peace and justice in Israel/Palestine, and partnerships between government and “faith-based” organizations in meeting social needs. Members of the commission also welcome suggestions and communications from the church. They can be sent to the commission c/o John Paarlberg, Minister for Social Witness and Worship at [jpaarlberg@rca.org](mailto:jpaarlberg@rca.org).

On behalf of the church, the commission thanks those who are completing their terms of service: Don De Young and Fred Mueller, who served as moderator. They brought important gifts and passions to the work of the commission. Their presence has enriched both the life of the commission and the witness of the church.

## From the Report of the General Synod Council's Congregational Services Committee

### REPORT OF THE OFFICE OF SOCIAL WITNESS

This report can be found in the Faithful Witnesses document, pp. 191-192, in the Evangelization and Church Growth Section.

## Report of the Commission on Race and Ethnicity

The General Synod of 1998 voted to establish the decade beginning in the year 2000 as "the Decade Freed from Racism in the Reformed Church in America" (*MGS 1998*, R-9, p.131). The Commission on Race and Ethnicity was charged by the General Synod with the responsibility to "coordinate planning for the Decade Freed from Racism" and to establish steps that would enable the denomination to work toward this goal (*MGS 1998*, R-10, p. 131). Since the beginning of the commission's work in the fall of 1999, it has been gathering information, listening to stories of how racism has been experienced by members of our denomination, and discussing possible ways to begin addressing the challenge of making the RCA a fully multi-racial and multi-cultural church.

In its report to the General Synod this year the commission is proposing the outline of a process that represents some initial steps toward this goal. Given the long history of racism, its deep roots in our culture and in our personal lives, and the complexity of the task of eliminating it, the commission is certain that these initial steps represent only the beginning of a long and challenging journey.

The action plan includes components in the following categories:

1. Affirming the theological foundations that inform our life and witness as a denomination.
2. Educating ourselves as members of the Reformed Church in America about the history and meaning of racism, our complicity in it, our reasons to oppose it, and the strategies by which we can participate in its elimination.
3. Participating in transformative experiences to reshape our thinking, feeling, and acting, such as anti-racism workshops, cross-cultural dialogues, and celebrations of diversity.
4. Developing lay and pastoral leadership from among the membership of racial/ethnic congregations for ministry within the whole church.
5. Reshaping institutional structures that perpetuate racism within the RCA in order to include and affirm the gifts and ministries of the diverse people who are and will be members of this denomination.

We commend the following action plan to the General Synod:

### **Anti-Racism Theology**

#### 1. The Belhar Confession

The Belhar Confession is one of the standards of unity of the new Uniting Churches of Southern Africa. The confession arose out of the experience of oppression during the reign of apartheid and speaks eloquently of the unity of all God's people. In 1986 the General Synod voted "To affirm wholeheartedly the *Confession of 1982* [The Belhar Confession] by joining the voice of the RCA with sisters and brothers in the Dutch Reformed Mission Church in praying for unity, reconciliation, and justice, denouncing the doctrines of ideologies which impede the outworking of the unity of the church, the reconciliation of God with each other won for God's people in Jesus Christ, and the justice of God as revealed in Scripture" (*MGS 1986*, R-10, p. 300). Since that time the RCA has committed itself to the development of instructional materials that still await completion. The Commission on Race and Ethnicity concurs with the value of the Belhar Confession, not only as a sign of solidarity with Christians in South Africa, but as a powerful statement of our own theological convictions about the unity of God's people and the importance of manifesting that unity in concrete ways.

#### **R-115**

**To adopt the Belhar Confession as a central theological foundation for the RCA's commitment to end racism within the Reformed Church in America.**

kThe advisory committee presented a substitute recommendation:

#### **R-115 (substitute)**

**To endorse and use the theological foundations of the Belhar Confession to inform the RCA's commitment to be a church freed from racism. (ADOPTED)**

Reason: Endorsing rather than adopting the confession makes clear that the confession is commended for use in the church and avoids the possible confusion that the Belhar has been adopted as one of the RCA's confessions.<sup>1</sup>

The Commission on Race and Ethnicity has been giving serious attention to the role the Belhar Confession might play within the RCA. It has seriously considered the possibility of recommending to the General Synod that the Belhar Confession be adopted as a contemporary statement of faith. The Commission on Christian Unity is already undertaking the development of educational resource materials that will assist the church to study the Belhar Confession. They look forward to cooperating with the Commission on Christian Unity as they complete this task.

#### **R-116**

**To invite members of congregations and classes to carefully study the Belhar Confession and the implications of its adoption for life and ministry in the Reformed Church in America, using materials made available by the Commission on Christian Unity, and further,**

**to respond to the Commission on Race and Ethnicity by January 2003.**

kA motion was made to amend the recommendation:

**R-116 (amendment)**

**To invite members of congregations and classes to carefully study the Belhar Confession and the implications of its ~~adoption~~ endorsement for life and ministry in the Reformed Church in America, using materials made available by the Commission on Christian Unity, and further,**

**to respond to the Commission on Race and Ethnicity by January 2003. (ADOPTED AS AMENDED)<sup>1</sup>**

2. “Bringing Racism to Light for a Decade Freed from Racism”

The Commission on Christian Action presented this paper to the General Synod in 1998 (*MGS 1998*, pp. 119-130), and the Commission on Race and Ethnicity affirms that it provides an additional important statement of the biblical and theological rationale for efforts to eliminate racism within the RCA. Copies of this paper are available from the RCA Distribution Center, and the commission commends it to the church for study and discussion.

**Educational Resources**

In the report to the General Synod of 2000 the commission posed this question: “Do we have appropriate resources for nurturing the faith of children, youth, and adults in churches whose members are racial/ethnic persons? Do the current educational resources help prepare the members of the denomination for a culturally and racially diverse society?” (*MGS 2000*, p. 461).

Through listening to the stories and experiences of representatives of racial/ethnic congregations in the RCA, the commission has come to believe that insufficient educational resources are available to meet these needs. Because the denomination does not produce its own core curriculum materials, it must depend on partnerships with other church publishers and resources already available in the marketplace.

Christian education is a foundation for the development of faith and discipleship and for the nurturing of future church leaders. It is essential that the RCA provide educational materials that are sensitive to racial and ethnic concerns and that avoid subtle expressions of racial stereotypes and attitudes that perpetuate racism. Christian education materials should enrich the understanding and experience of the diversity of all God’s people.

**R-117**

**To urge the Office for Christian Education, in its partnership with publishers of educational materials, to advocate for the involvement of racial/ethnic people in the design, development, and editorial review processes, in an effort to make educational resources appropriate for use in all of the congregations that make up the diversity that is the RCA. (ADOPTED)**

**R-118**

**To instruct the Office for Christian Education, in consultation with the racial/ethnic councils, to seek Christian education materials appropriate for nurturing the faith of children, youth, and adults in churches whose members are racial/ethnic persons,**

**to recommended these materials through denominational channels, and to distribute them through the RCA Distribution Center. (ADOPTED)**

kA motion was made to amend R-118:

**R-118 (amendment)**

**To instruct the Office for Christian Education, in consultation with the racial/ethnic councils, to seek Christian education materials appropriate for nurturing the faith of children, youth, and adults in churches whose members are racial/ethnic persons people of various backgrounds, to recommended these materials through denominational channels, and to distribute them through the RCA Distribution Center. (NOT ADOPTED)<sup>1</sup>**

**Transformative Experiences (Cross-Cultural Dialogue/Anti-Racism Workshops/Diversity Training)**

In its report to the General Synod of 2000 the commission posed this question: “How can we increase opportunities for the kinds of face-to-face cross-cultural conversations and other interactive activities that often transform our ways of thinking, feeling, and acting?” (*MGS 2000*, p. 461).

Testimonies the commission heard both directly and indirectly point to the fact that face-to-face dialogue, cross-cultural immersion, and educational events that facilitate fundamental shifts in their worldviews have played a key role in many people’s journeys of personal transformation. The Commission on Christian Action was already aware of the importance of these experiences when it recommended and the General Synod approved this assigned task for the Commission on Race and Ethnicity: “to plan events with the diverse people who make up the Reformed Church in America for open discussions of issues of race and racism in an atmosphere of Christian love and to provide information about trained teams of facilitators for such discussions” (*MGS 1998*, R-11, p. 131).

In May 2001 executive staff members and other guests participated in an anti-racism workshop conducted by the Evangelical Lutheran Church in America’s Lutheran Human Relations Association of America. The commission will continue to work with RCA leadership to expand these workshops throughout the denomination and to move toward the training of RCA members who can provide additional events for RCA members. The commission continues to collect models for these events and is developing a resource list that will assist localities in linking with existing anti-racism programs in their communities.

**R-119**

**To urge each regional synod, classis, and local congregation to sponsor regional events designed to enhance cultural awareness, to facilitate cross-cultural dialogue, and to train church members to recognize and eliminate vestiges of racism that remain in our attitudes and institutions. (ADOPTED)**

**R-120**

**To direct all General Synod staff to participate in anti-racism or diversity training events, to be completed by December 2003.**

κThe recommendation was amended as follows:

**R-120 (amendment)**

**To direct all General Synod Council staff to participate in Christian Oriented or ethnic diversity training events, to be completed by December 2003. (ADOPTED AS AMENDED)**

Reason: To provide greater clarity.<sup>1</sup>

**R-121**

**To urge regional synod and classis staff, pastors and professional church workers, and church leaders to participate in anti-racism or diversity training events within the next three years.**

κThe recommendation was amended as follows:

**R-121 (amendment)**

**To urge regional synod and classis staff, pastors and professional church workers, and church leaders to participate in Christian oriented anti racism or ethnic diversity training events within the next three years. (ADOPTED AS AMENDED)**

Reason: To provide greater clarity.<sup>1</sup>

**R-122**

**To invite RCA seminaries and the Ministerial Formation Coordinating Agency to provide anti-racism or diversity training for all faculty, staff, and students and/or candidates for ministry.**

κThe recommendation was amended as follows:

**R-122 (amendment)**

**To invite RCA seminaries and the Ministerial Formation Coordinating Agency to provide Christian oriented anti-racism or ethnic diversity training for all faculty, staff, and students and/or candidates for ministry. (ADOPTED AS AMENDED)**

Reason: To provide greater clarity.<sup>1</sup>

In order to create a focal point for our ongoing denominational conversation about racism, the Commission on Race and Ethnicity will be proposing a Summit on Addressing Racism in the Reformed Church in America, to be held in conjunction with an upcoming General Synod meeting during the Decade Freed from Racism. This summit will seek to: 1) assess where the denomination is in its efforts toward ending racism, 2) raise up examples in the life of the church of the effective ways in which congregations and individuals have taken up this work, and 3) determine future steps toward ending racism in the RCA and toward becoming a multi-racial, multi-cultural church.

### **Developing Leadership**

In the report to the General Synod of 2000 the commission posed this question: "Do we give sufficient attention to recruiting and developing pastoral and lay leadership from our racial/ethnic congregations?" (*MGS 2000*, p. 461). Reports from our racial/ethnic councils have underscored the existing need within the denomination to give increased attention to leadership development, especially within racial/ethnic congregations.

Some of the areas that will need attention appear to include: 1) the development of lay academies that will be accessible to members of racial/ethnic congregations, 2) addressing the difficulty faced by persons from outside the RCA who are interested in seeking ordination, 3) recruitment of racial/ethnic persons by RCA colleges and seminaries, 4) identifying and mentoring youth for ministry at early stages in their development, 5) intentionally and aggressively seeking racial/ethnic members for volunteer positions of responsibility within the denomination.

The commission will continue to work on strategies for accomplishing this goal and anticipates bringing appropriate recommendations to future General Synods.

### **Addressing the Structures of Institutional Racism**

The General Synod Council (GSC) has initiated the formulation of diversity priority objectives that will help address institutional racism within the RCA. These objectives include:

1. Anti-Racism. In consultation with the Commission on Race and Ethnicity a staff team will develop and implement a multifaceted and comprehensive program to begin addressing racism and the causes of racism within the RCA.
  - The Office of the General Secretary will encourage General Synod agencies, regional synods, and classes who are employing staff to actively seek candidates from the RCA's racial and ethnic constituencies; and the Leadership Advisory Team will have participated in one-and-one-half days of anti-racism training.

Completion date: July 31, 2001, and ongoing

- At least three teams of two persons each will be equipped to lead one-and-one-half-day anti-racism training, and General Synod staff will have participated in a one-and-one-half-day training event in anti-racism. Regional and classis staff will be invited and encouraged to participate.

Completion date: December 31, 2001

- At least six teams of two persons each will be equipped to lead one-and-one-half-day anti-racism training and 50 percent of GSC members will have participated in one-and-one-half-day anti-racism training.

Completion date: December 31, 2002

- As part of an orientation and introduction to their term of service, one-and-one-half-day anti-racism training will be made available on an ongoing basis to members of the GSC, commissions, and boards and agencies serving the RCA.

Completion date: December 31, 2003

- Minority racial/ethnic persons will fill a minimum of 15 percent of General Synod executive positions.

Completion date: December 31, 2005

2. Resources. Communication and Production Services will address issues of diversity and anti-racism in drafting its Resources Selection Policy for the RCA Distribution Center and TRAVARCA, ensuring that the resources produced by the RCA and those that are made available to the RCA from other producers are sensitive to racial, ethnic, and cultural diversity, are available in languages other than English, and promote anti-racism.

Completion date: September 30, 2001

Having reviewed and discussed these objectives, the Commission on Race and Ethnicity believes that the implementation of these objectives would make significant progress toward the RCA becoming a multi-racial and multi-cultural church.

**R-123**

**To affirm the diversity priority objectives of the General Synod Council and to urge the GSC to implement these objectives.**

κThe advisory committee presented the following amendment to the recommendation::

**R-123 (amendment)**

**To affirm the ethnic diversity priority objectives of the General Synod Council and to urge the GSC to implement these objectives.  
(ADOPTED AS AMENDED)**

Reason: To provide greater clarity.<sup>1</sup>

As the commission gives ongoing attention to institutional racism, it will continue to evaluate the structures of the church to determine whether and to what extent the policies and practices of the RCA deny equal access for opportunity to racial/ethnic members of the Reformed Church in America.

**Additional Denominational Initiatives**

In addition to the initiatives recommended by the Commission on Race and Ethnicity, there are other initiatives within the RCA that are consistent with the goals the RCA has set for itself. The commission does not feel that it is necessary at this point to bring recommendations concerning these initiatives. Instead, it will continue to encourage and monitor these through formal and informal channels within the RCA.

Some of these initiatives include work being undertaken to revitalize existing congregations within the RCA. Church revitalization is being undertaken by the Office for Urban Ministry, the Revitalization Team, and the Evangelism and Church Development office.

The ongoing work of the Office for Urban Ministry and the Urban Ministries Team plays a central role in our efforts, since many of the racial/ethnic congregations are concentrated in urban areas.

The ongoing work of the racial/ethnic councils and their staff is indispensable to the denominational efforts to end racism. For details of the work of these councils, members of the General Synod are referred to their reports elsewhere in this workbook. The Commission on Race and Ethnicity will continue to be in conversation with representatives of these councils as it plans and implements elements of the Decade Freed from Racism.

**Connection to the Larger Issue of Racism in Society**

As the commission engages in its work to assist the RCA in becoming a fully multi-racial and multi-cultural church, it is deeply aware of the fact that the experience of racism in society at large causes deep pain with which all God's people must identify. Our unity with all God's people is a constant reminder that our task as God's people cannot stop with addressing our own institutional racism, but must ultimately be translated in a powerful social witness that opposes racism wherever it is found and works for its elimination. We are also called to celebrate the diversity of God's people not only in Christ's church, but in the whole world that belongs to God.