

New World Outlook

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The United Methodist Global AIDS Fund

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Editor—Christie R. House

Art Director—Hal Sadler

Designers—Sean Grandits, Nanako Inoue

Production Manager—Brenda L. Carr

Editorial Assistant—Tylie Waters

Editorial Office

Christie R. House
475 Riverside Drive, Room 1476
New York, NY 10115
212-870-3765

Email: nwo@gbgm-umc.org
Website: <http://gbgm-umc.org/nwo/>

Advertising/Promotion

475 Riverside Drive, Room 1476
New York, NY 10115
212-870-3765

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Cover Photo: Paul Jeffrey. Two girls at the Mary Morris Orphanage, run by the United Methodist Church in Kamina, DR Congo, find companionship as well as education, safety, and family warmth in a Christian environment. The HIV/AIDS pandemic left millions of children orphaned as it continues to spread.

Paul Jeffrey



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THE UNITED METHODIST GLOBAL AIDS FUND



Njambo Mwavi teaches at the Lupandilo Nursing School in Kamina, DR Congo, a United Methodist Church sponsored institution. Trained nurses and health-care workers are greatly needed to help care for Africa's HIV/AIDS patients.

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Bulletin inserts can be clipped out of the magazine, copied back-to-back, folded, and slipped into the Sunday bulletin.

from the editor

HOPE SPREADS FASTER

The “speed” at which a virus can appear to spread is astounding. Take the H1N1 (Swine Flu) virus as an example. We heard about it in reports from Mexico and soon we saw the first confirmed case in New York City. In the same week, five more cases were announced, then 21 cases, then a whole school was shut down, and then five schools in New York were closed, all in the same month. Wow—that’s fast! It was as if we could see the virus jumping from person to person in the population.

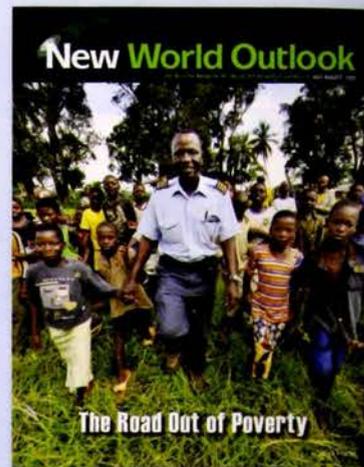
Compared to H1N1, an airborne virus, HIV is a relatively slow-moving virus. The problem is that it is also cumulative in the way it spreads—once it infects a person’s immune system, it cannot be cured, so the numbers of the infected just keep increasing. But news about how the virus works and how to prevent exposure to it can actually spread much faster through the population than the virus itself. Many of the programs the Global AIDS Fund supports concentrate on getting the word out, giving people in all walks of life the tools they need to halt the spread of HIV on a grassroots level. This, in turn, spreads hope through the population—we no longer fear what we have come to understand.

The journal *Science* recently reported further cause for hope in the quest to stop the spread of HIV/AIDS. A team at the Scripps Research Institute in San Diego has isolated two antibodies that block the action of many different strains of HIV. It has been known for some time that a small portion of the population who contract the virus and should get AIDS do not—they have innate antibodies that prevent AIDS from taking hold. Although researchers have a long way to go, they now believe it may be possible to produce a vaccine based on the newly discovered antibodies, named PG9 and PG16. They are also hard at work to discern whether the antibodies could be used to treat those who have AIDS.

The Rev. Shane Stanford is pastor of Gulf Breeze United Methodist Church in Pensacola, Florida. He was diagnosed with HIV when he was just 16. A hemophiliac, he had undergone blood transfusions in a time before blood was screened for HIV. “Discovering my HIV status forced me to grow up and take a serious look at life. And, it forced me to decide how I would approach and appreciate each day,” he writes in his blog. “As a person of faith, I believed God had a plan for my life, but I also believed that I had a choice in how I would live out that plan. I could get in a corner and feel sorry for myself, or I could live my life—as boldly and as passionately as possible. More than anything, I knew I wanted my life to matter.”

Today, Stanford is married with three children. He is an author and a public speaker, and, despite many health setbacks, he continues to look forward, living a “positive” life. His new book, *A Positive Life*, is scheduled for release in Spring 2010.

Christie R. House



July-August issue, 2009
The Road Out of Poverty

Dear Editor:
The caption on page nine of the July-August 2009 edition of *New World Outlook* mistakenly identifies Beit Jala as a village in Israel. That area of the West Bank, in which the village sits, has never been annexed by the Israeli government. By Israeli law, it is not part of Israel.

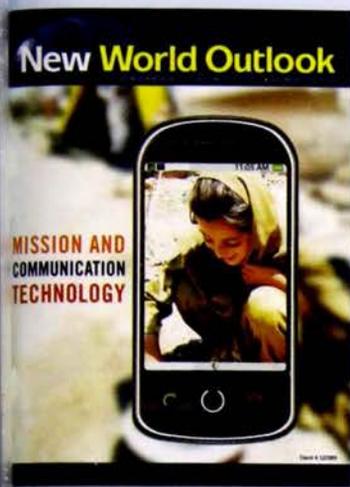
At 17, the girls in that photo will be barred from entering Israel, as are all Palestinians of that age and older. The girls can be prohibited from entering Israel because they do not live in Israel.

I know this information well as I served in Beit Jala as a Global Ministries Mission Intern from 1994-1995 at Hope Secondary School.

As stated in the table exercise presented in this same edition, “how easy it is to see the highly visible people who participate in society and to overlook the virtually invisible people who do not.” Please ensure that in the future *New World Outlook* doesn’t overlook the reality of life for Palestinians in the West Bank.

Thank you.

The Rev. Doris E. Warrell



Letters from readers

Dear Editor:

Since the Zionist government is relying on the misuse of language and labeling to get more support for Israel through means of misinformation and confusion, it is critical that the correct language be used to dispel this information.

To help in this matter, in the future it may be wise to use the language that the United Nations uses (and actually the CIA as well, ironically enough). For any area within the illegally occupied territories of Palestine (which would be all of the West Bank and Gaza), please refer to them as the occupied Palestinian territories as defined by the United Nations. This is the language we try to use, the area which many people refer to as "Palestine," since this is the area where the new Palestinian state is being negotiated. Since Beit Jala is part of the Bethlehem District and falls within occupied Palestinian territories, it is not part of Israel.

Janet Lahr Lewis

United Methodist Liaison in Israel and "Palestine"

Readers' Survey

Some folks have been sending in letters to the editor when they send in the Readers' Survey published in the last edition (September-October 2009, p. 27). Keep those surveys coming!

Dear Editor:

I think that by providing resources in an up-to-date format, *New World Outlook* will find that younger Christians look with interest on the work of mission in The United Methodist Church. (They aren't all just too selfish to care; they are just used to getting information in an electronic format.)

And, I think there will be a "re-newed" energy for mission work—at least for telling the stories, because it will make it easier to breathe life into programming.

I have been awaiting this change [to a digital format] with great anticipation.

Jean Luker
Sarasota, Florida

My Life Is God's Plan

Surely my life was part of God's plan
For me to bring comfort wherever I can,
Whenever I give I do truly receive,
For this is His plan because I believe.

Whenever I write I feel His guiding hand,
And I feel what I say is by His command.
In silence I listen and then I write,
And in His presence I do truly delight.

The words in my mind seem to leap on
the page

As God opens my mind my thoughts
to engage.

The best thoughts I've heard are of
the most worth,

"God loves all the people here on
this earth."

Marjorie F. Jenkins
Lees Summit, Missouri

Price Increases for *New World Outlook*

New World Outlook has been able to keep the price of an annual subscription at \$19.95 since 2004, but the cost of production has now increased to the point where the magazine must raise its prices. As of March 1, 2010, the cost of a one-year subscription will increase to \$24.00, a two-year subscription will be \$43.00, and a three-year subscription will be \$62.00. A single copy (available from Cokesbury) will increase to \$4.

Beyond Facts to Faces Beyond Numbers to Names

by Donald E. Messer



Paul Jeffrey

Does anyone care that every three seconds a person dies somewhere in the world because of poverty? Are we concerned that 8 million poor people are converted into faceless and nameless death statistics every year? Does the fact that more than 1 billion people go to bed hungry every night disturb our sleep?

Today an estimated 6,000 people will die from AIDS. Last year, at least 2.1 million individuals succumbed to the disease and almost 4 million more were infected. Do those facts make any difference, even to Christians?

The moral, religious, and political scandal of people's dying from hunger and AIDS in a world with enough food and medicine for everyone hardly causes a ripple in the consciousness of most people. It certainly does not change the priorities of most church budgets.

On September 11, 2001, terrorists struck the United States. Fear triumphed over hope, and suspicion replaced compassion. Instead of reaching out

across the oceans to provide neighborly help to the forgotten indigent of the world, we began looking for suspicious activity among our next-door neighbors, lest they be disguised terrorists waiting to strike. Yearly, we mourn the tragic death of more than 3,000 persons killed in New York, Pennsylvania, and Washington, D.C. on that fateful September day. Yet, sadly, we choose to forget that every day 10,000 Africans die from preventable malnutrition and disease.

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NUMBERS WITHOUT TEARS

HIV/AIDS, hunger, poverty, racism, sexism, and indifference are all inextricably linked. Of the 33 million people living with HIV and AIDS in the world, 68 percent live in sub-Saharan Africa. Last year, 76 percent of all AIDS-related deaths and 68 percent of new HIV infections occurred in that region. More than 15 million children have been orphaned by the global AIDS crisis. Many children with HIV never live beyond their second birthday because they have no access to treatment.

As an African proverb proclaims, "Statistics are numbers without tears." We simply fail to identify with numbers; they are nonpersons in our minds and hearts. Facts without faces do not evoke within us a sense of personal compassion or religious commitment. As the poet and essayist, Archibald MacLeish, once suggested "We are deluged with facts, but we have lost, or are losing, our human ability to feel them."

My life has been transformed as I have become personally acquainted with persons infected and affected by HIV and AIDS around the world. As I have encountered my sisters and brothers in need, I have discovered a new sensitivity in my soul and new hope in my heart. Instead of writing abstractly about this subject, let me briefly introduce you to some people I have met.

LIVING AND DYING WITH HIV/AIDS

People who are HIV-positive regularly report that, worse than living with the disease is living with the way people treat you when you have it. If you

have malaria or cancer or heart disease, people do not stigmatize you and discriminate against you. If you are HIV-positive, however, you face great prejudice and mistreatment, even from religious people who profess compassion and care. Judgmental people want to know how a person became infected, when, as my late friend Ashok Pillai used to say, "It is not important how I got AIDS but how I am living with it."

Even as I write about people I have met, I am forced to disguise most of their names because of the threats they or their families may experience if their identities are revealed. During a visit to Thailand, I met Khin Myo Bu. Most visitors to Chiang Mai see only beautiful landscapes, exotic elephant camps, and busy night markets. But a pastor, the Rev. Sanan Wutti, took me into one of the 20 garbage dumps in the area. There, amid a mountain of rubbish, were tin shacks stuck together in the crudest fashion. Beneath a mosquito net, Khin Myo Bu, a 28-year-old mother, was dying of AIDS. Beside her were her two malnourished sons, ages seven and five—all three being refugees from Myanmar (Burma). Her husband had already died of AIDS. Hours later, she

died and her children were orphaned. Thanks to the ministry of the Church of Christ in Thailand, care continues to be provided to these little boys.

Paula Gill greeted me outside a Methodist church in Barbados after I had finished preaching on Jesus' command to feed the hungry, clothe the naked, and visit the sick. (Matthew 25:31-46) With a baby in her arms and holding another child by his hand, she whispered: "My husband has died from AIDS, and I am HIV-positive. I'm working, but I don't have enough money to care for the children. They need food, and the baby has no diapers. Can you find me some help?"

Infected by her husband, this faithful churchgoing woman felt terribly alone, uncertain what people were saying about her and her family. When you are poor, hungry, and HIV-positive, you realize people do not want to be with you—even in the church of Jesus Christ.

When I met William Kahangi, who was hawking clothes on the streets of Eldoret, Kenya, he seemed healthy and happy. However, this 40-year-old man reported that once he had been at death's door. His family had left him because he was HIV-positive,

Opposite: Every day around the world, diseases such as HIV/AIDS, malaria, tuberculosis, and malnutrition claim the lives of children unnecessarily. Congolese parents grieve over the body of their 18-month-old child who died of malaria in Mwitobwe, DR Congo.

Right: The Rymoa family is living with AIDS in the Boding slum of Phnom Penh, Cambodia.



Richard Lord

and no one wanted to buy clothes from a gaunt, sickly man with ugly open sores.

William had prayed for the "angel of death," but instead, an "angel of life" appeared at his bedside. A retired United Methodist medical professor from Indiana, Joseph Mamlin, M.D., offered him prescriptions of medicine and nutrition that restored his body and spirit. Now he is encouraging others to get tested and take advantage of the antiretroviral medicines available, thanks to the United States.

When I met Anna Kiwibali, she was leading a Jakarta, Indonesia, organization for persons living with HIV. She was an incredibly positive and courageous woman fighting against waves of stigma and discrimination in a predominately Muslim country. I asked her what made her angry. She replied, "I can't stand to hear of yet another person dying because they followed the advice of a Pentecostal preacher telling them to stop taking the medicines and just pray." Prayer can be a powerful medicine for the soul but a cruel substitute for reliable antiretroviral drugs and good nutrition.

UNITED METHODIST RESPONSE

When the United Methodist Council of Bishops met for the first time on the continent of Africa, they issued a statement: "People are dying...every day, every hour, every minute, and literally every second....The loss of life is enormous.... Women and the young represent the highest percentage of those infected. The burden of care for those who are dying and left behind is extraordinary. The plight of orphans is a growing concern. We must support the United Methodist Global AIDS Fund."

A Christ-centered and church-oriented outreach, the United Methodist Global AIDS Fund (Advance #982345) was established by an overwhelming vote of the 2004 General Conference and reaffirmed in 2008. With a target of at least \$8 million, the fund has raised more than \$3 million thus far. No World Service or other apportionment money has been provided.

Despite the prophetic appeal of the Council of Bishops, a conference-by-conference review reveals that very many bishops lead conferences that have not contributed significantly, if at all, to the fund. As a denomination, we have been "talking the talk" about a global health initiative to aid those infected or affected by HIV/AIDS, but we have yet to "walk the walk."

Of every dollar given, 25 percent should be retained by an annual conference to be used as directed by its own AIDS committee. The remaining 75 percent is to be sent to UMCOR. An interagency fund committee has been authorized by

the General Conference to supervise the distribution of these funds internationally.

The United Methodist Global AIDS Fund works through churches, not governments. Grants are given to programs around the world, not just in Africa, with 100 percent of the contributions going to help people. No administrative overhead is deducted.

Raising awareness and funds to help create an AIDS-free world proves difficult in the church. A friend of mine from India, N. M. Samuel, M.D., told me 15 years ago: "If HIV were caused by the bite of the mosquito, the church would be in the forefront of the efforts to end the pandemic." Mobilizing money for programs to buy mosquito nets is far less controversial among many Christians than facing the challenges of human sexuality and HIV prevention.

Yet United Methodists also recognize that an AIDS-free world is not possible without their contributions. As retired Bishop Felton E. May reminds us, "Churches cannot conquer AIDS alone, but it will not happen without us."

Jesus repeatedly instructed his disciples to "cure every disease and every sickness." (Matthew 9:35, 10:1) He made no distinctions as to why people were sick but focused on the fact that they needed compassion and care. In pleading for more help in his healing ministry, he said to his disciples: "The harvest is plentiful, but the laborers are few; therefore ask the Lord of the harvest to send out laborers into his harvest." (Matthew 9:37-38)

AIDS PROJECTS IN 33 COUNTRIES

The United Methodist Global AIDS Fund has supported a variety of education, prevention, care, and treatment programs with small, targeted grants. The people who are helped



A few homeless people in Capetown, South Africa, hold copies of Prayers for Encouragement, a devotional for people with HIV/AIDS and other serious illnesses. The booklets are provided through Africa Upper Room Ministries.

Photo: Karni L. Rice/UMNS



The Rev. Dr. Donald Messer, pictured here during his book launch at British Parliament's House of Lords in London, challenges the church to engage in HIV/AIDS issues.

are not faceless or nameless, but our sisters and brothers in Christ. More than 155 global AIDS projects have been supported in 33 countries, including the United States.

Theological education programs have been designed to help clergy and laity in Africa, Latin America, and Asia deal creatively and compassionately with HIV and AIDS. The Global AIDS Fund joined Upper Room Ministries and the Center for the Church and Global AIDS in publishing a prayer book for persons living with HIV/AIDS, malaria, and tuberculosis. More than half a million copies of *Prayers for Encouragement* have already been distributed globally in 14 languages. In South Africa, Christians included the book in 5,000 baskets of food given out at Christmas.

The fund's HIV/AIDS programs have emphasized the ABC's of prevention: "A" for abstinence, "B" for being faithful to partners, and "C" for condoms. A Norwegian United Methodist missionary has received help in distributing condoms and taking HIV-testing and counseling to roadside truck stops. Prevention has been stressed in seminars in Zimbabwe schools, Sierra Leone churches, and Sri Lankan refugee camps. At the South Carolina Annual Conference, people picked up more than 2,000 condoms from the global AIDS display.

Caring programs emphasizing compassion, not condemnation, have characterized the fund's outreach. These have included support groups in Thailand, feeding projects in Zimbabwe and Zambia, counseling for rape victims in Rwanda, and rehabilitation outreach to sex workers in Pakistan. Special emphasis has been given to helping AIDS orphans in Kenya, Malawi, the DR Congo, and many other places in the world.

Only governments can afford to provide regular antiretroviral medicines, but the fund has provided money for medicines to stop related infec-

tious diseases and mother-to-baby transmission during childbirth. These life-giving medicines have made a difference in places like Mozambique, Kenya, and India.

WE NEED TO BE THE CHANGE

In the battle to stop HIV/AIDS in the world, we do not all have to do the same thing or even agree on a common strategy. The key is that we are called to live out the imperative of Jesus to "cure every disease and every sickness." As Gandhi once affirmed, "We need to be the change we wish to see in the world."

The Rev. Dr. Donald E. Messer is executive director of the Center for the Church and Global AIDS, chair of the United Methodist Global AIDS Fund Committee, and president emeritus of the Iliff School of Theology. He is also the author of several books including: 52 Ways to Create an AIDS-Free World (2009), Names, Not Just Numbers: Facing Global AIDS and World Hunger (2009), and Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis (2004).

ONE CHOICE CAN MAKE A DIFFERENCE

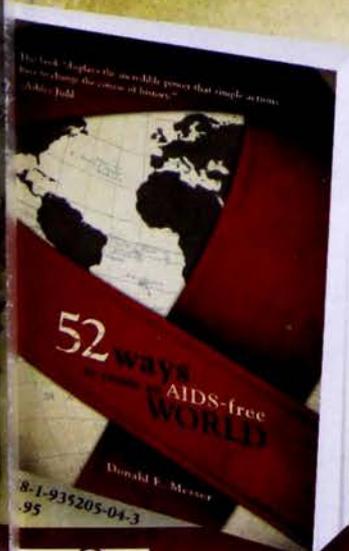
DISCOVER HOW PEOPLE FROM ALL WALKS OF LIFE CAN MAKE A DIFFERENCE IN THE FIGHT TO END AIDS

“52 Ways to Create an AIDS-Free World displays the incredible power that simple actions and awareness have to change the course of history.”

—Ashley Judd
Population Services International board member
YouthAIDS global ambassador

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Saving Lives in the Democratic Republic of the Congo

by Darla Rowley



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Disheveled children of every age and size crowded around our vehicle as it ground to a stop in front of the United Methodist Mpasa Reference Health Center in the Democratic Republic of the Congo. It was in this sprawling suburb of Kinshasa, DR Congo, that I was to assess health facilities for the Central Congo Conference. Dr. Rebecca Yohadi, the conference's Chief Medical Officer, told me that the Mpasa suburb sprang up in 1998 near a military installation as a camp for displaced persons and refugees. Civil conflict had driven people there from surrounding villages, and others had fled there to escape wars in neighboring countries. So the Mpasa Health Center had been established in 2000 to address the myriad health needs of people living in abject poverty.

As we toured the health facility grounds, Dr. Yohadi pointed out the lack of employment opportunities and the paucity of garden plots within a 10-mile radius of the center—an area with a population of 22,720. This, she said, had led people to desperate survival measures, including prostitution and sex trafficking, and had bred a high incidence of gender violence. Just that morning, a 5-year-old victim of sexual assault named Elizabeth had been received at the health center. There are 67 reported rapes of female victims daily, and the widespread use of gender violence as a weapon of conflict increases the risk of exposure to HIV/AIDS among children as well as adults.

The DR Congo (formerly Zaire), in the equatorial region of Africa, is struggling to recover from nearly 10 years of political instability and civil

conflict. The conflict, lasting from 1996 to 2003, has resulted in some 4 million deaths and more than 3 million displaced persons and refugees. It has left the third-largest country in Africa in a precarious situation.

The country's overall population is 61.5 million, with 80 percent living below the poverty line. This widespread poverty, lack of infrastructure, and loss of livelihoods have been primary factors contributing to the spread of HIV/AIDS.

PREVALENCE OF HIV/AIDS IN DR CONGO

One of the first African countries to recognize HIV/AIDS was the DR Congo, which began registering cases in 1983. Heterosexual activity accounts for 87 percent of DR Congo's cases. There are an estimated 1.5 million Congolese living with HIV/AIDS, including about 52,000 children, from birth to age 14. Adult HIV prevalence is 3.2 percent; however, sex workers in Kinshasa, the most at-risk population, have a 22.2 percent HIV prevalence. Only 129,000 (8.6 percent) of the 1.5 million HIV-infected adults and children in the DR Congo are receiving life-enhancing antiretroviral (ARV) drug therapy.

Children, such as Elizabeth, are particularly vulnerable to gender violence, the loss of one or both parents to HIV/AIDS, and the possible mother-to-child transmission during pregnancy and childbirth. While the prevalence of infection among pregnant women aged 15 to 24 rests at 3.6 percent, those most affected by HIV/AIDS are youth and adults aged 15 to 49; their infection prevalence rate is roughly 1.5 percent, according to the Joint



Dr. Mpoiy Emundu and Dr. Rebecca Yohadi lead an HIV/AIDS training session for 220 women at the Mpasa Health Center.

United Nations Programme on HIV/AIDS. Thus poverty-stricken grandparents and other elderly relatives are left to provide care for the estimated 270,000 to 380,000 children orphaned by the scourge of HIV/AIDS.

HIV/AIDS control is a priority for the National Poverty Reduction Strategy Plan of the DR Congo. This strategic framework favors prevention, care, and advocacy activities that highlight community participation, human rights, ethics, and the needs of people living with HIV/AIDS. To implement this strategy nationwide, the government has solicited participation from all its developmental partners, including the private sector and nongovernmental and faith-based organizations.

UNITED METHODIST HEALTH NETWORK

As a faith-based organization, the United Methodist Committee on Relief (UMCOR) is working collaboratively within the strategic national AIDS framework of the DR Congo Ministry of Health. UMCOR and United Methodist churches in the Central Congo, South Congo, and North Katanga

Health-care workers at the United Methodist Hospital in the Congolese village of Tunda face new challenges every day as they work to provide care for patients with HIV/AIDS, malaria, and tuberculosis. An estimated 1.5 million Congolese live with HIV/AIDS.

Photo: Paul Jeffrey



**Support for faith-based health networks,
DR Congo**

annual conferences are engaged in a unified effort to break the silence and overcome the stigma associated with HIV/AIDS. This effort may save the lives of countless Congolese.

The three conferences of The United Methodist Church in DR Congo have a combined membership of well over 1 million, along with 215 health facilities and numerous churches strategically located both in urban areas and in remote, isolated parts of the country. Large numbers of dedicated clergy, laity, community health workers, and health professionals are the church's major assets in combating the country's HIV/AIDS epidemic.

In 2008, the church in DR Congo, in conjunction with UMCOR, formed the DR Congo UMC Joint Health Board. It serves as the springboard for developing and initiating an integrated approach to overall health-care needs country-wide. The first of this three-pronged approach is about building the operational, technical/medical, and leadership capacity of the overall UMC health system in DR Congo. This includes financial management workshops for hospital administrators, work on developing governance policies for the health boards, and strategic planning. Continuing education and training for health workers and other medical staff are part of the plan.

The second approach targets health-facility revitalization by repairing and equipping existing United Methodist health facilities, especially those damaged during recent civil conflicts. This involves upgrading water, electrical, and plumbing systems; roofing; laboratories; and latrines.

The third approach seeks to prevent the three diseases of poverty: malaria, tuberculosis (TB), and HIV/AIDS in the communities served by UMC hospitals. All of these diseases weaken the immune system and leave the body susceptible to anemia, weight loss, and dehydration. Among adult TB patients in DR Congo, HIV infection is estimated at 17 percent, as tuberculosis can be an opportunistic infection caused by HIV/AIDS. Malaria can lead to anemia in children, requiring blood transfusions that increase their risk of exposure to HIV. Anemia also reduces the effectiveness of antiretroviral drug therapy. Good nutrition is vital for HIV/AIDS patients. One key component in reducing maternal and child morbidity (illness) and mortality is to teach people how to prevent HIV/AIDS and

how to improve the quality of life and care for those living with the disease.

THE CONNECTIONAL CHURCH'S ROLE

UMCOR Health provides funding for health and health-related projects through several channels. Funded projects may target water purification and sanitation, nutrition and food security, maternal and child health programs (both pre- and post-natal care), immunizations, child-growth monitoring, family planning, and training for community health workers.

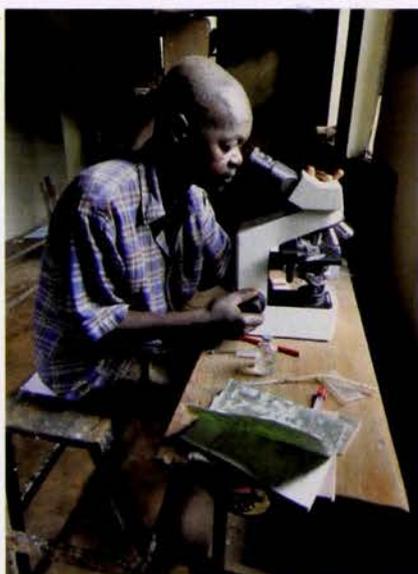
Strategies for breaking the silence and stigma of HIV/AIDS through United Methodist projects in DR Congo are innovative and broad in scope. In the South Congo

Conference, Dr. Simeon Kashala, Chief Medical Officer, initiated the training of hospital staff in safe blood transfusion to prevent the spread of HIV-infection among malaria-stricken children and adults at UM Samuteb Memorial Reference Hospital in Kapanga. Additional training for 50 community volunteers in Musumba—a remote, rural area of 60,000 people living near the hospital—helped to address the increased risk of HIV/AIDS exposure for women in polygamous households. Community volunteers also provide education and resources to help these vulnerable women prevent the spread of this deadly disease.

In the North Katanga Conference, Dr. Guy Kasanka initiated the first faith-based workshops to train 150 peer educators in Kamina. They, in turn, will bring HIV/AIDS education and prevention strategies to clergy, laity, military personnel, secondary school students, police, cultural associations, and sex workers. The second phase of this project will establish a voluntary testing and counseling center and provide home-based care for persons living with HIV/AIDS.

Dr. Pierre Manyá of the Central Congo Conference launched a project to teach staff at Wembo Nyama Reference Hospital how to provide safe blood transfusions to children and adults. They also will give safe birthing kits to pregnant women, showing them how to reduce the risk of exposure to the disease during labor and delivery. Since 28 percent of Congolese 15- to 24-year-olds have had sexual encounters before age 15, Dr. Manyá also introduced a project to train 120 youth as HIV/AIDS peer educators for secondary school and university students. This training is based on the ABC methodology: Abstinence,

Paul Jeffrey



Lab technician Luambo Mukando does research at the United Methodist Hospital in Tunda, DR Congo.

Being faithful, and Condom use. In Minga and Tunda, two areas hard hit by civil conflict, projects focus on home-based care for those living with HIV/AIDS. This training includes patient care, education, and income generation through microenterprise development for orphans and vulnerable children. Youth are trained as peer educators to encourage voluntary testing and counseling.

To counter HIV/AIDS transmission through sex trafficking and gender violence in the Mpasa community, Dr. Yohadi developed a strategy to train 25 community health workers, laity, and clergy to educate the community about HIV/AIDS prevention. She indicated that the DR Congo United Methodist Church, with the assistance of UMCOR, was ready to mobilize itself to fight HIV/AIDS.

Besides the ministries of doctors Yohadi, Many, Kasanka, and Kashala, there are HIV/AIDS projects in which countless other United Methodists in the DR Congo are engaged. Community health-care workers, medical staff, and United Methodist youth, men's, and women's groups have initiated projects in their own communities. Courageous United Methodists breaking the silence and stigma of HIV/AIDS exemplify a labor of love. The fruits of this labor are the improved health care and quality of life for those living with HIV/AIDS and the lives saved through HIV/AIDS education and prevention in the DR Congo.

Darla Rowley served two missionary assignments in Africa, along with her husband, the Rev. Glenn Rowley. She was part of the Senegal Initiative in Dakar, where the Rowleys worked with other missionaries to establish a United Methodist mission presence. Darla also served in Mozambique, where she helped to implement health-care education.

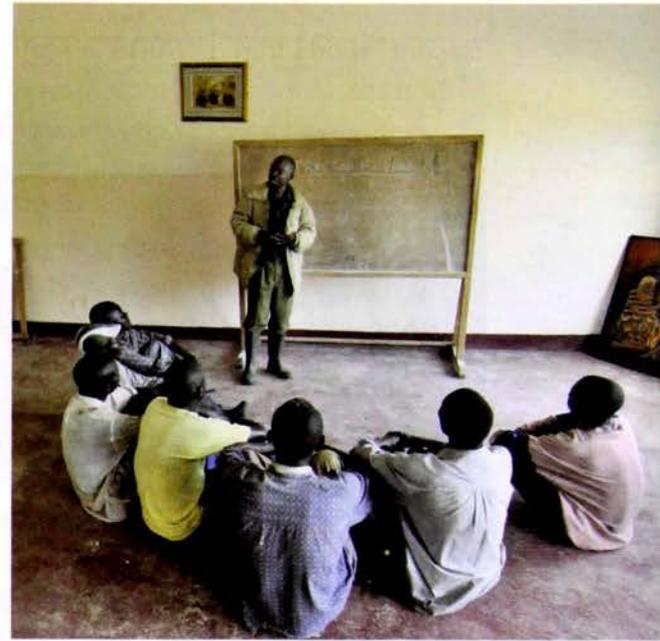
HIV/AIDS Consciousness Awakens in the Town of Kamina

by Guy Kasanka

Kamina is a small town in the North Katanga Episcopal Region of the DR Congo, near the Kamina military base, a large national facility that serves not only as a military training center but also as a base for several foreign armies. HIV/AIDS is not well-known or understood by the Congolese people and is neither culturally nor socially accepted. The gift of UM Global AIDS Fund support via UMCOR, to be used for the prevention of HIV/AIDS, makes possible a grassroots movement that educates people and creates awareness in the population, beginning with the political and administrative authorities and other leaders of public opinion.

Awareness training will be developed for schools, military camps, and cultural groups. Still, there remains an important need to increase voluntary HIV/AIDS testing across the DR Congo. Our challenge is that existing medical facilities do not yet have a way to follow up positive test results with HIV-specific exams.

AIDS-awareness training for police and military personnel is only the beginning of our work. The medical coordination group for the North Katanga Episcopal Region, which manages the awareness activities financed by the UM Global AIDS Fund, has initially targeted the most exposed and at-risk populations. Police and military personnel aged 18 to 45 are currently given AIDS-awareness training during various



UMCOR technical trainer Tshimba Kabong teaches a class at an agricultural school in Kambinsamba, DR Congo. Through these classes UMCOR has developed an educational network that can be used for health training and information. Photo: Paul Jeffrey

military events. Some are also selected for training as peer educators. Prostitutes are also targeted as part of this vast awareness campaign. During the AIDS-awareness training for prostitutes, women are urged to stand up and promise to abstain from the common practice of simply asking clients to pay double when they refuse to use condoms. The training helps them understand that this is a dangerous practice which could cost them their lives.

Dr. Guy Kasanka, a Global Health medical missionary in the DR Congo, founded a community-based association to combat AIDS by providing counseling in schools, churches, and other agencies.



Peer educator training and HIV/AIDS education for military, students, police, and sex workers

Kapanga Education and Prevention

by Simeon Kashala

Recent reports from UNAIDS indicate that HIV/AIDS is affecting more people in rural communities and more women than men. This spread of the disease is associated with a lack of communication and education. Hosea 4:6 says: "My people are destroyed for lack of knowledge." It is because of ignorance and the lack of communication that UMCOR Health funded the Kapanga project against HIV/AIDS in the South Congo Conference in October 2008. Kapanga is a city in a rural setting where HIV/AIDS poses a serious threat and is a major public-health problem. The rapid spread of the disease has been linked to the diamond import trade along the southwest border with Angola.

The Kapanga project has taught community-health workers about how AIDS spreads and how it can be prevented. Once trained, these workers returned to their communities to inform, educate, and raise awareness about AIDS with simple, clear messages. The project directors recruited candidates from every segment of the population. A pretest measured their knowledge by asking simple questions, such as: What is AIDS? How do you get AIDS? Is it true that mosquitoes transmit AIDS? Do you know that using an unsterilized blade to perform minor medical procedures can transmit AIDS? What is the name for AIDS in your mother tongue?



Dr. Simeon Kashala (right) and a health-care worker perform minor surgery.



A mother and her child wait outside Samuteb Memorial United Methodist Hospital in Kapanga, DR Congo.

Analysis of the test results revealed that, while before the training 70 percent of the community workers had heard of AIDS, 92 percent thought that mosquitoes could transmit AIDS and 97 percent did not know that using the same non-sterile blade for surgery on more than one patient could transmit AIDS. This was a real eye-opener, for in Kapanga, certain cultural practices, like the circumcision of young children, are conducted by traditional health practitioners who might use a single blade on many children.

Paul was among the community-health workers recruited for the Kapanga project. He is a traditional leader and was shocked at his own unsafe practices. He asked forgiveness from God and from all the participants. Raising the awareness of traditional healers, traditional leaders, and the entire population reduces the risk of HIV contamination.

As part of the project, we have given bicycles to community workers as incentives to encourage them to lead the fight against HIV/AIDS. Through the training of community-health workers with funding from UMCOR Health, the people of Kapanga have changed their behavior.

Dr. Simeon Kambandja Kasongo Kashala is a Global Health medical missionary serving as the director of Samuteb Memorial United Methodist Hospital in Kapanga, DR Congo.



Training in safe blood transfusions and HIV/AIDS education for community health workers

Stopping HIV/AIDS in Minga

by *Fidèle Lumbe Kassamba*

Like malaria, tuberculosis, and malnutrition, HIV/AIDS causes a lot of pain and hardship for Africa's rural populations. As a result of two recent conflicts that engulfed the DR Congo, the Congolese government established a military base camp near our health zone in Minga, a United Methodist mission station. This situation led to several outbreaks of disease, including HIV/AIDS. So Congolese health professionals partnered with Global Ministries to find ways and means to ameliorate the spread of this pandemic that threatens human life.



Prevention of mother-to-child transmission of HIV

Recent statistics reveal a 6.5 percent HIV-prevalence rate for a population of 10,500 in the Minga mission station alone. In response, we organized training for peer educators who are charged with spreading information about causes and prevention strategies in the fight against HIV/AIDS. They help us encourage the voluntary testing of pregnant women for referral at Minga General Reference Hospital.



A family visits a patient in the hospital in the remote Congolese village of Minga.

Dr. Fidèle Lumbe Kassamba is director for Minga General Reference Hospital.

Peer Education in Wembo Nyama

by *Pierre Many*

Sankuru, a district of Oriental Kasai State in the DR Congo, has experienced the angst of the war of liberation and the consequences of aggression, particularly in the rural town of Wembo Nyama.



Training for hospital staff and youth in high schools and universities

The consequences of this war have affected the cultural, social, and economic tissue of society. Displaced populations, a resurgence of local infections, and disruptions of every kind have favored the propagation of HIV/AIDS among all segments of the population: children, youth, adults, and the elderly.

Nearly 8 percent of 11,000 inhabitants are HIV-positive. We decided with the support of health authorities to educate youth so that they could take responsibility for HIV/AIDS prevention and education in primary and secondary schools, high schools, and universities in Wembo Nyama.

An increase in cases of sexually transmitted infections and undesirable pregnancies among youth in the primary schools convinced us to begin the formation and training of peer educators. These youth are charged with teaching HIV/AIDS awareness and prevention every week in school assemblies and events.

We have trained peer educators in the Wembo Nyama secondary schools who, in turn, educate their peers about HIV/AIDS. A total student population of 4,000, composed of both adults and youth, are all in need of basic HIV/AIDS information.

Dr. Pierre Many is a Global Health medical missionary serving in Wembo Nyama as a surgeon and physician.



Residents of the village of Wembo Nyama walk from a worship service at the United Methodist Church.

The Possibilities of Hope and Wholeness in Kenya

by Jerri Savuto

Maua Methodist Hospital held a contest for HIV patients for the best kitchen garden. Though Zipporah, a contestant, did not win a prize for her garden, she received many comments for the message of hope on her door: "The Lord is our shepherd. There is nothing to fear." Photo: Dr. Claire Smithson

The following stories come from Maua Methodist Hospital in Maua, Kenya, near Meru. The Maua hospital received funding from the Global AIDS Fund for three of its outreach programs: the AIDS Orphans Program, the Giving Hope Program, and the Palliative Care Program.

HOLDING A FAMILY TOGETHER

Abraham was 14 years old when his mother died of AIDS. As he calmly told his story, he revealed how hard it was to lose her. Not only was he grieving but he could no longer go to school. And, with his father ill, there was little food for the family. So he and his two younger brothers and one younger sister were often hungry, cold, and alone. When his father died, their suffering grew even worse.

With no parent left, Abraham became the head of the family. For a time, his sister went to live with relatives. A woman in their village was willing to give the three boys food, but Abraham felt he could not ask her every day. So he and his brothers waited until they were so hungry they could scarcely walk. Then Abraham would go and ask again for food. His family had no hope, little help, and much sorrow and suffering.

Julia Kambura, the Good Samaritan who was providing food for these children, was a mentor for the Giving Hope group in Abraham's village. Giving Hope is a project sponsored by the Zimbabwe Orphan (ZOE) Ministries of the North Carolina Annual Conference of The United Methodist Church. As part of the Giving Hope Program, orphan families are connected with other local families to help the community grow and take care of its members. Abraham's family joined the Champion Group of 19 families in the Kiegoi community.

Giving Hope was the beginning of a new life for Abraham and his brothers and sister. Since the village of Kiegoi is in a fertile, hilly area, the Champion Group received training in

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Photo: Courtesy, ZOE Administration
Abraham
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Care and training for AIDS orphans

farming techniques. Though Abraham's family had little land, he was given some *sukumawiki* (kale) seedlings to plant. Within three weeks Abraham was able to sell his kale with some left over to eat.

Realizing that he was a good farmer, Abraham planted maize along with the *sukumawiki*. Later he began to grow and sell flowering plants and tree seedlings. He worked very hard, carrying water in the early morning and evening. Whenever he had problems, he would talk to anyone he thought could help him. In March 2009, a volunteer team from ZOE Ministries came and built Abraham and his family a new home.

Eight months after he began farming, Abraham was feeding his brothers and sister and paying for them to go to school. Recently, he had enough money to pay his own secondary school fee and he is now in Form 1 (a freshman in high school). Whenever he is home, he works very hard in his *shamba* (small farm plot) to plant, water, weed, tend, and sell his crops, plants, and trees. His is a great story of success.

Abraham once told a group of us: "When my mother and father died, I was responsible for my family. I was nothing, had nothing, and could do nothing. I was certain we would die. But now I am somebody! I am a successful farmer, a good head of household, and I'm working hard to be a good student."

ZOE Ministries has programs in five sub-Saharan African countries and can be supported by giving through the Advance to project #982023.

ZIPPORAH: A STORY OF HOPE

Zipporah lives in Machungulu, a village of 17,000 located 8 kilometers from Maua, Kenya. In 2002, when Maua Methodist Hospital (MMH) began its Palliative Care Program, Machungulu was the first village to partner with the hospital. And the Machungulu Methodist Church became the first church in the area to welcome people living with HIV and to support and love them.



Abraham (right) with another excellent farmer, Moses, and member of Giving Hope, a project of Zoe Ministries.



Matt Morgan

Maua Methodist Hospital has started a bean food and income-generation project for extended families and caretakers of children orphaned because of AIDS.

Zipporah came into the Palliative Care Program at MMH in 2002, shortly after the program began. The hospital had fully supported Margaret, the first woman chosen for help by the Machungulu Health Committee. But patients who came after her had to pay about \$20 for laboratory tests and \$32 a month for antiretroviral medication. No villagers could afford these fees. So the Methodist members of the Health Committee decided to help pay the fees for women willing to admit their HIV status and to work for the community.

Zipporah, a member of the Catholic Church, worked in Machungulu and nearby villages and was willing to contribute toward her medication. When she learned of her HIV-positive status, she was devastated by the news. Her concern was for her three daughters and her son—never for herself.

With financial, emotional, and spiritual support, and after much counseling through the Palliative Care Program, Zipporah was started on antiretroviral drug therapy. She earned money to help pay for it by cutting broad leaves off a plant—the leaves being used to wrap a cash crop and keep it fresh. With her earnings, she fed her family, paid school fees, and covered part of the cost of her medication and lab tests. Zipporah gets up before dawn to cut the leaves and is still up late at night to work with and for her children.

Photo: Courtesy ZOE Ministries



Zipporah, after six years of treatment, standing by Stephen Gitonga, Maua Hospital's Palliative Care program manager.
Photo: Dr. Claire Smithson

Support of palliative care and medication programs



Very soon, Zipporah became active in the Machungulu Women's Group. She chaired the Orphan's Support Group and joined the Constituency AIDS Control Committee. After training as a local volunteer, she became very active in recruiting others for HIV testing and treatment. She has been particularly helpful to persons having problems with their medication. She visits them in their homes and helps in ways that allow them to continue the treatment. She is always positive and sets a very good example.

The hospital held a contest to encourage women who were HIV-positive to start kitchen gardens. Each garden was inspected by a team and winners were chosen. Contestants won in such categories as the most creative kitchen garden, the most prolific garden, and the garden with the greatest variety of vegetables. Dr. Smithson, the Palliative Care doctor, was one of the judges. Though Zippo-

rah did not win a prize for her garden, her door and doorpost were admired by many. On the doorpost of her small wooden home was written in chalk: "Jesus is the Way." And on her door was written: "The Lord is our Shepherd. There is nothing to fear." For a woman who lost her husband and who has few resources, Zipporah inspires many people in her community—those who are HIV-positive and those who are not—with her faith and courage.

In 2006, Zipporah had a *Harambee*, a community fund-raiser, for her eldest daughter. The young woman had scored a C+ on the national exam and had an opportunity to go to college. In September 2009, Zipporah's daughter graduated as a teacher.

None of Zipporah's four children are HIV-positive. Her son has completed secondary school and is working in Machungulu. Her second daughter graduated from secondary school in 2009, and her third daughter is in the seventh grade.

In March 2009, Zipporah was hired by the Maua Methodist Hospital SACCO (Credit Union) as a cleaner. She is hard-working, positive, and healthy. She often declares: "I will live to be 100 years old."

Zipporah says that her life began after she found out she was HIV-positive. Before, she had no idea that she could make a difference in her world, help others as she helped herself, and find a loving God close

AIDS Orphan Project, Maua Hospital, Advance #140161

Jerri Savuto is a United Methodist Missionary serving at Maua Methodist Hospital in Maua, Kenya. A nurse, she has worked both as a teacher in the School of Nursing and as the hospital's Quality Improvement Officer and Staff Development Officer. She and her husband, Bill, are grateful to God for the AIDS Orphans, Giving Hope, and Palliative Care programs at the hospital.



Abraham opening the door of his new home built by a team from ZOE Ministries.

missionmemo



Philippines: Typhoon Response

UMCOR's Philippine office, which opened in late July 2009, is already in full swing providing assistance after two typhoons that struck Zambales, a province in the Central Luzon region of the country. UMCOR staff members are assessing the situation with local partners, including Kapaatiran-Kaunlaran Foundation Inc., formerly the Methodist Social Center, an organization that works with the poor. UMCOR is distributing 300 bags of food relief to survivors who were displaced by the storms.

You can support UMCOR's work in the Philippines by giving to Philippines Emergency, UMCOR Advance #240235.

UMCOR West Opens in Utah

United Methodists in the Western Jurisdiction gathered on May 30, 2009, for the grand opening of the UMCOR West Office and Depot. The new facility stores UMCOR supply kits and offers new opportunities for kit ministry. Types of kits include: health, sewing, school, layette, bedding, and cleaning buckets, in addition to the new birthing kit. Currently, both UMCOR West and the Sager Brown Depot in Louisiana are in need of kits of all kinds. Assembly and shipping instructions can be obtained from website <http://new.bggm-umc.org/umcor/getconnected/supplies/>.

UMCOR relief supplies, such as birthing kits, which contain essential hygienic provisions for women who are in labor, and school kits, which give children the material they need for their studies, sustain everyday life by providing basic necessities to people who lack ready access to essential supplies.

Volunteer groups are invited to spend a week in Salt Lake City to serve at UMCOR West. Nearby Christ United Methodist Church and Hilltop United Methodist Church generously host groups that come from out of town. Both churches have sleeping accommodations, showers, and kitchens.

To volunteer or donate supply kits, please con-

tact: UMCOR West Office and Depot, the Rev. Brian Diggs, Director, 1479 South 700 West, Salt Lake City, UT 84104-1605. Phone: 801-973-7250, Fax: 801-973-7916, Email: WestDepot@UMCOR.org.

Do Not Let the Grinch Steal Christmas

Christmas is to be a time of peace and celebration; however, life in Bethlehem, the place of Jesus' birth, has made this celebration difficult because of economic deprivation and the occupation. As a result, many children in Bethlehem do not experience the joy of Christmas or the excitement of a Christmas gift. Every year, Wi'am Palestinian Conflict Resolution Center in Bethlehem, West Bank, provides the opportunity for a Christmas celebration and tries to restore joy and hope to the season through its Christmas Smile Festival. This festival usually attracts around 1,000 children and their families from Bethlehem and the neighboring cities.

As part of the Christmas program, every child is given a small educational gift of \$10 in value. Through financial support, you can help hundreds of children and their families continue to have a joyful Christmas. You can support the work of Wi'am by donating to Advance #14910A, Wi'am Community Empowerment & Conflict Resolution.

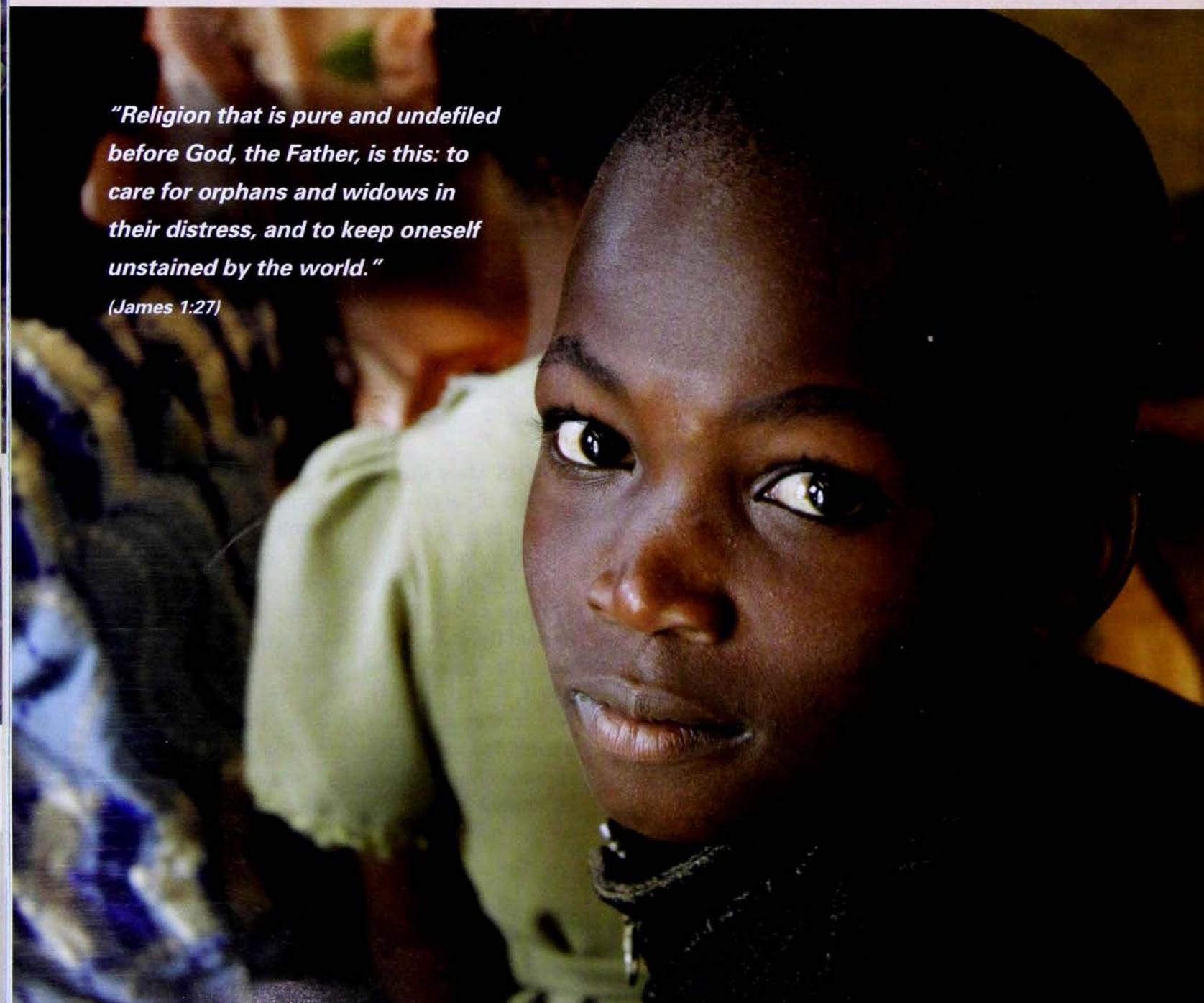
DEATHS **Mary Bush**, retired missionary with nearly 18 years of service in the Philippines, Hong Kong, and Taiwan, died July 8, 2009...**Bernice M. Meyer**, retired missionary with nearly 7 years of service in Brazil, died August 7, 2009...**Sten Nilsson**, retired missionary with 12 years of service in India, died August 10, 2009...**Ronald Garst**, retired missionary with 28 years of service in Bangladesh, died August 15, 2009...**Charles M. Miller**, retired missionary with 37 years of service in Zimbabwe, died August 19, 2009...**Porcina Lopes Dos Santos Mendes**, retired missionary with 27 years of service in Mozambique, died August 20, 2009...**Mary Hillendahl** retired missionary with nearly 6 years of service in Zimbabwe, died September 11, 2009.

Hope Homes and Hope Scholarships Raise Hope for Orphans in Malawi

by Copeland Nkhata • photos by Robert Schwaneberg

*"Religion that is pure and undefiled
before God, the Father, is this: to
care for orphans and widows in
their distress, and to keep oneself
unstained by the world."*

(James 1:27)



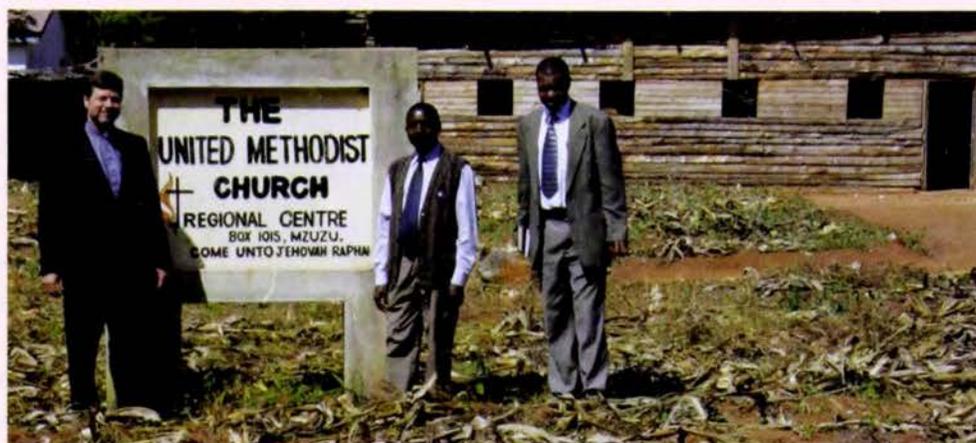
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Ellen Mhone, who is in her twenties, has been hired as an accounts clerk for a large telecommunications firm in Malawi. There, she earns more than US \$428 every month—a good salary in this southeastern African country. Likewise, Isabel Nkhata has just been hired at a good salary by a popular institution called Mzimba SACCO. Both have made an excellent start on their professional lives. Even more impressive is the fact that these young women are orphans who were found on the streets of Mzuzu. Such success stories prove anew that intellectual empowerment is the best avenue to social empowerment.

The Hope Homes and Hope Scholarship programs are twin initiatives of The United Methodist Church of Malawi. They have their seed in God's bosom and in God's love and care for the poor and vulnerable. This seed was planted in September 2006, when I, senior pastor of the Mzuzu United Methodist Church, Mzuzu Circuit, Malawi, and Dr. Michael Christensen of Drew University, national director of Communities of Shalom in the United States, shared our dreams for Malawi in response to the HIV/AIDS pandemic in Africa. With initial funding from the United Methodist Global AIDS Fund, that seed began to grow and bear fruit. This is the story of how our young congregation of 60 parishioners came to care for more than 100 orphaned and vulnerable children and youth—many of whom are living with HIV/AIDS. How this ministry became a Shalom Zone in the Mzuzu

Opposite: A young member of Rev. Copeland Nkhata's congregation attends a Saturday afternoon picnic for families caring for AIDS orphans and other vulnerable children at Mzuzu United Methodist Church in Malawi.

Top right: The Rev. Michael Christensen (left) with the Rev. Copeland Nkhata (center), senior pastor at Mzuzu United Methodist Church in Malawi.



community is a miracle story of death and resurrection.

THE IMPACT OF HIV/AIDS ON YOUNG LIVES

Malawi has been hard hit by the AIDS pandemic, which has left almost a million orphans and as many widows in its wake. Of the 40 million people infected with HIV/AIDS worldwide, 63 percent of them—25 million people—live in sub-Saharan Africa. Half of those—about 12 million—are orphaned or abandoned children and youth.

Malawi is particularly vulnerable to famine and suffers disproportionately from extreme poverty and its associated diseases. AIDS infects 14 percent of the population and accounts for more than 85,000 deaths per year, leaving 950,000 AIDS-affected orphans. Other diseases include tuberculosis, malaria, dysentery, and cholera. The infant-mortality rate is high: one out of every five children dies before reaching five years of age.

So many children in Malawi are orphaned and vulnerable that government agencies are unable to manage the crisis alone. Yet Malawi's best efforts fall far short of the need. In this country of 11 million, only 103 doctors and five pharmacists are employed by

the government. Since 2003, thanks to the Global AIDS Fund, antiretroviral drugs have been made available in Malawi and have saved thousands of lives. But the stigma associated with AIDS, the lack of widespread testing, the inadequate nutrition, and the absence of transportation to AIDS clinics prevent the majority of those infected from getting help. Orphaned and abandoned children and youth typically are not tested and treated without private intervention.

CHILDREN'S NEEDS IN MZUZU

In Mzuzu, the largest city in northern Malawi, we heard the cries of orphans and widows in their distress. In the seven congregations of the Mzuzu Circuit, many young souls wounded by their painful experience of life and death have a great need for physical, emotional, and spiritual healing. They also lack nutrition, clothing, shelter, school fees, safety and security, medical care, and health care. Many are themselves infected with the HIV/AIDS virus. Some can't go to school because they lack parental care or money for school fees. Others already in school are forced to drop out by the sudden death of a working parent. And some orphaned children



Care and educational scholarships for AIDS orphans



The Rev. Michael Christensen presents the Rev. Copeland Nkhata with a new robe.

are forced to relocate from cities to rural areas far from schools, seeking shelter with grandparents who have too little to offer.

Within a 1-kilometer radius of our church, we observed many children with no food, clothes, shoes, or shelter and with limited access to education.

These children are also discriminated against and marginalized. They need protection and recognition like all other human beings. The stigma they suffer causes excessive mental stress, frustration, and withdrawal. Often the orphaned youth turn to delinquent behavior, including alcohol and drug abuse, physical and sexual violence, and other forms of rebellion. The church needs to be able to intervene, helping the children find other ways to express their frustration and channel their energies.

Orphans and vulnerable children are also often subject to child trafficking, labor, and sexual exploitation. These conditions broke our hearts and motivated us to reach out with love and assistance in Jesus' name.

THE CHURCH'S RESPONSE

In 2004, our young church, not yet two years old, confronted this horrendous social situation. We saw innumerable orphans and vulnerable children, their faces marked with scars of pain and grief, literally at our front door. God was calling for servants to accept them as God's own and to give them care, accord them love, give them a sense of belonging, and provide a home for them to live in. Our congregation members opened themselves up to God's spirit, asking how to deal with this situation. We knew that if Jesus himself were here, he would take care of them.

As God's love uplifted our hearts and spirits, the UMC decided to provide homes for the nine children already participating in the church's worship. We learned that throughout the Luwanga community, where Mzuzu UMC is located, there were more than 300 homeless orphans, most of whom were affected by HIV/AIDS. Our dream was to provide for them and, above all, to bring the hope found in the Word of God to those who felt hopeless. From this desire came the name of our new programs: "Hope Homes" and "Hope Scholarships."

In 2006, I shared this vision with Dr. Christensen and we decided to work side-by-side to serve Luwanga's orphans and vulnerable children (OVC). He connected us to international sponsors and ministry partnerships, including the United Methodist Global AIDS Fund, CitiHope International, WorldHope Corps, and the Communities of Shalom. Together, we are caring for the physical, educational, and spiritual needs of more than 100 OVCs and youth in the vicinity of the congregation. Hope Homes was our first church outreach program.

HOPE HOMES FOR ORPHANS

In the Hope Homes program, we provide daily care for 62 registered children ranging in age from 1 day to 13 years old. By God's provision, we give them spiritual care, food, clothes, and blankets. We place the orphans with guardians or foster parents, such as grandmothers and aunts and the church supports the foster families financially.

All the families meet together at the church once a month when we provide opportunities for recreation, learning, and social interaction. As the orphans listen to the stories of the Bible, they are drawn to Jesus, the chief architect of healing and rehabilitation. The Word of God is a very important means of healing the deep scars of the heart.

We also give every child a 110-pound package of corn and groundnuts to take home to make their porridge more nutritious. Our children have shown clear signs of regaining their joy despite the loss of their parents. Those who are HIV-positive have overcome the stigma of AIDS through this church-based program.

After three years, our assessment is that the Hope Homes program is a miracle of God's love and care for those most in need. This program started in 2006 with nine children and grew to 35 children after five months, and 62 after 15 months, the most our budget can cover. In May 2009, during Dr. Christensen's visit, we had the largest monthly picnic ever—hosting 125 children. We want to continue feeding more than 100 children each month, but for us to do so, our budget must grow.

God's miracle of provision now involves local Presbyterian, Catholic, Adventist, and other congregations. We celebrate how our partner congregations

have helped create an oasis of hope in our community. And we are thankful that WorldHope Corps has provided regular monthly support since the beginning.

HOPE SCHOLARSHIPS

The Hope Scholarship program focuses on the educational needs of the youth in Hope Homes. Many orphans drop out of school after completing their primary education—because of the cost. The church has stepped in to provide school fees so that students can return to school. Their chances of finding work increase after high school or college.

Thus far, 30 boys and girls have benefited from Hope Scholarships provided by our international sponsor, WorldHope Corps. Several students have finished their certificate courses in financial accounting and are now studying for a diploma.

To keep a child in secondary school, the Hope Scholarship program pays for their school fees, books, and supplies. Bicycles are needed for students who travel long distances to



Michael Bond shows a video camera to youth at Mzuzu United Methodist Church.

school, and textbooks are also very expensive. Education can undo the great evil of illiteracy, another form of bondage. So, despite all the challenges, we celebrate the success stories of those who have finished high school. A few have even completed their diplomas and found gainful employment.

OUR ULTIMATE HOPE FOR THE CHILDREN

Our dream is that all the children and youth in our Hope programs will follow Ellen Mhone and Isabel Nkhata to success. We hope to see all of them graduate, step into well-paid jobs, live good and independent lives, and support others who need help and hope. Economic self-sufficiency, we believe, is God's will for all our orphaned and vulnerable children.

Our deepest desire is that the UMC Hope programs in Malawi will "graduate" from their economic dependency on international aid. Already the church is seeking microfinancing for local projects whose profits could make our mission programs self-supporting. The Shalom initiative

challenged us to adopt an "asset-based community development" approach to sustain the Hope Homes program. With the help of two Shalom interns from Drew University—Claire Colcord and Christian Ciobunu—Malawi UMC organized a communitywide Shalom Team and applied for training.

"Soon and very soon," we believe, our 60+ registered children and their guardians in the Hope Home and Hope Scholarship programs will be earning their own way in the world through new economic ventures designed to support their many needs. But we still want all our brothers and sisters in Christ—our international partners and sponsors—to remain part of the vision, providing love and hope to these children, along with the knowledge that they have not been forgotten. Together, we can fulfill the words of James: "Religion that is pure and undefiled...is this: to care for orphans and widows in their distress, and to keep oneself unstained by the world." (James 1:27)

The Rev. Copeland Nkhata is senior pastor for Mzuzu United Methodist Church, Mzuzu Circuit, Malawi.



The UMC Hope Scholarship program gives hope for economic independence to the orphaned children in Mzuzu.

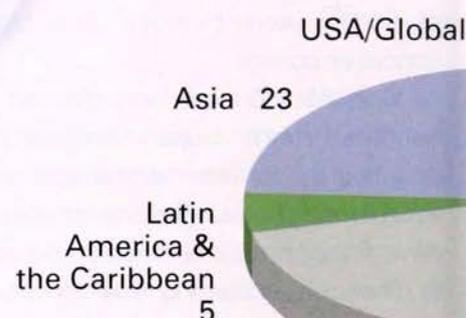


THE UNITED METHODIST

United Methodist Global AIDS Fund

Year	Gifts Received	UMCOR Contributions	Opening Balance	Total
2005	\$97,923	\$500	\$22,479	\$120,902
2006	\$274,139	\$1,811	\$ -	\$275,950
2007	\$977,542	\$153,655	\$ -	\$1,131,197
2008	\$497,710	\$6,769	\$ -	\$504,479
Totals	\$ 1,847,314	\$ 162,735	\$ 22,479	\$ 2,032,528

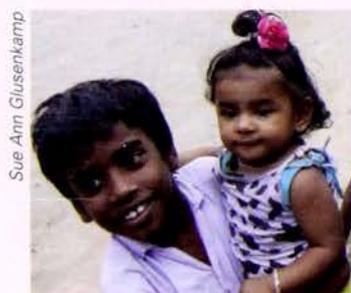
Projects funded th



Robert Schwaneberg



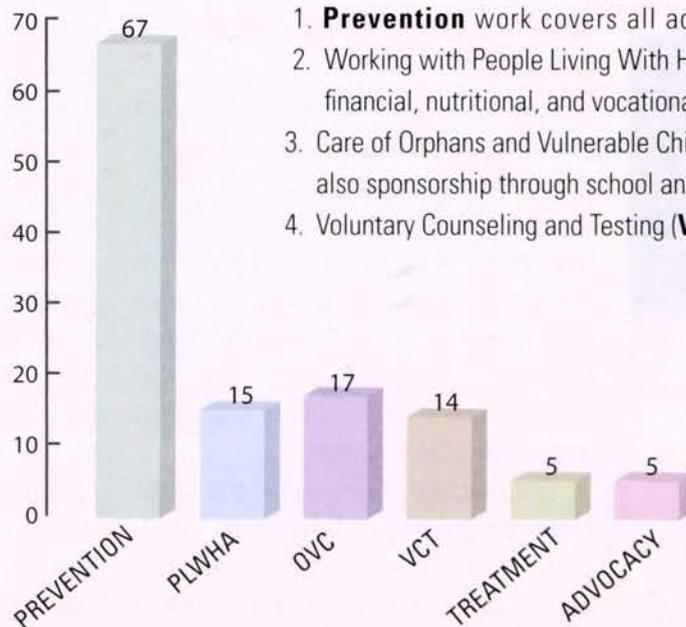
Mipasa Health Center



Sue Ann Glusenkamp

Many of the projects overlap into several categories of ministr

1. **Prevention** work covers all activities to do with promotion of awa
2. Working with People Living With HIV/AIDS (**PLWHA**) can include home-bas
3. Care of Orphans and Vulnerable Children (**OVC**) can cover not only the provis
4. Voluntary Counseling and Testing (**VCT**) is usually offered at health centers o
5. Antiretroviral **Treatment** is the actual



Categories of Work

GLOBAL AIDS FUND: 2005 TO 2008

nd the world

Projects Funded in Sub-Saharan Africa



Richard Lord

Angola	1
Cameroon	1
Cote d'Ivoire	1
DRC	10
Ethiopia	1
Guinea	2
Kenya	18
Liberia	4
Malawi	2
Mozambique	5
Nigeria	3
Rwanda	5
Sierra Leone	11



Two-thirds of people infected or affected by HIV/AIDS live in Africa.

Senegal	2
South Africa	2
Tanzania	1
Zambia	5
Zimbabwe	4



Paul Jeffrey

Total: 78 Projects

Grants Awarded

	2005	2006	2007	2008
UMC	2	14	11	40
Methodist		3	2	3
Ecumenical		4	6	15
Not church-related	1	1	1	6

United Methodist Global AIDS Fund: Advance # 982345



Tales of Hope

by Kalindi Thomas

HV/AIDS affects people in all nations at all strata of society. Thanks to the United Methodist Global AIDS Fund, United Methodists and their partners can fight this disease in various countries through church-, community-, and hospital-based projects. Some projects focus on prevention through awareness, education, and training. Others provide voluntary testing, counseling, antiretroviral drugs, and home-based care. Still others offer care and support for AIDS orphans. The following stories describe the travails and triumphs of a few individuals helped by Global AIDS Fund projects.



A grant from the Global AIDS Fund helped to provide 10 bicycles to St. Paul's Anglican Children Project in Chipata, Zambia, for caregivers making home visits to people living with HIV/AIDS. Photo courtesy of St. Paul's Anglican Children Project.

ZAMBIA**ANGLICAN CHILDREN PROJECT**

St. Paul's Anglican Children Project in Chipata, Zambia, has a motto: "Where communities own their future." While the magnitude of the AIDS pandemic in Zambia can be overwhelming, this project has made universal education, promotion of women's empowerment, and eradication of extreme poverty its top priorities.

A grant from the UM Global AIDS Fund helped to provide 10 bicycles to St. Paul's Home-based Caregivers group. Before, the caregivers had to walk many miles to make home visits. With bicycles, their visits have doubled. "My marriage will now be strong again," says one woman. Before bicycles, she had to spend all day visiting clients and would reach home late and tired. She feels that her bicycle saved her marriage.

Bertha Musukwa, another St. Paul caregiver, says: "I am 56 years old and joined the caregivers' group in January 2008. In our church and community we have lost many members to AIDS-related illnesses that could have been prevented. We used to spend a lot of time visiting families with HIV-positive women who were members of the church. Most of those who died had little or no information about HIV/AIDS. So, as a retired nurse, I felt that my efforts could make an impact if I joined the caregivers' group. Doing so, I would fulfill what the Bible teaches: to love your neighbor as yourself."

Father Dennis Milanzi, director of the project, writes: "People living with HIV/AIDS need everybody's care and support. As people access treatment, they become healthy once more and can resume a productive work life and contribute to their communities. St. Paul's Anglican Children Project has introduced support-network strategies to provide sustainable programs for people living with HIV/AIDS. We



Youth Vision Zambia members enact a street play to teach their audience about HIV/AIDS.

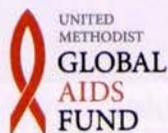
Photo: Amon Mwale/Youth Vision Zambia

have introduced a Pass-On initiative in which support-group members pass on goats to people living with HIV/AIDS. These goats are bred from exotic male goats and local female goats, which makes them resistant to diseases."

YOUTH VISION IN LUSAKA

Youth Vision Zambia (YVZ) in Lusaka is an advocacy group working to enhance the role of the legislature in promoting sexual and reproductive health and rights among Zambian youth. The group's goal is to sensitize members of parliament and other key leaders by conducting workshops for politicians, media professionals, and

government officials. Amon Mwale, acting executive director of YVZ, writes: "Young people in Zambia are facing many challenges as they enter into adulthood. They are struggling to find their own identities as they grapple with a rapidly changing world. We believe in prioritizing the needs and well-being of young people in all aspects of life. Zambian young people are chasing the dream of a better life. They seek peace, equality, justice, employment, and freedom, along with access to sexual and reproductive health services and information. They strive to make informed choices. Youth Vision Zambia is proud to champion these dreams."

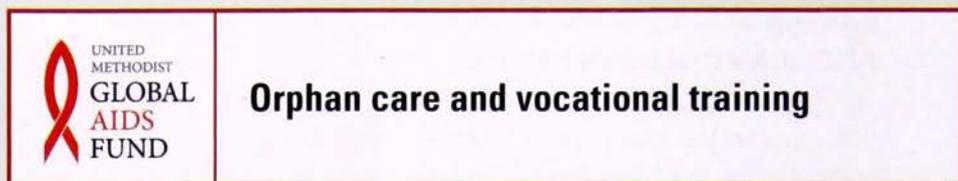


Advocacy for more favorable legislation

ZIMBABWE ORPHANS AND VULNERABLE CHILDREN

The Orphans & Vulnerable Children's Education, Support, and Care Project (OVC-ESC) was started in 2004 in Zimbabwe. It addresses the needs of the many children whose parents have died of AIDS. Zimbabwe has more than 1 million AIDS orphans, and the number is rising. Through AIDS Orphans' Trusts, the Zimbabwe Annual Conference of The United Methodist Church has been helping these children for many years.

Thanks to a generous donation by a United Methodist couple from the US Midwest, UMCOR was able to establish the OVC-ESC project in collaboration with Dr. Peter O. Fasan, dean of the Faculty of Health Sciences at Africa University. The project has supported nearly 3,000 children in 50 schools by providing fees, books, uniforms, food, and some health care. When the children graduate from school, they learn a trade that helps them become self-sufficient. Thus far, 25 students have successfully completed their



vocational training and are gainfully employed. Now 71 are enrolled in the vocational-training program. Three of their stories follow.

Brian Makarange is a 22-year-old from Mutare whose father died when he was 5 years old. His mother is now very ill, and Brian lives with her and his two younger siblings. When Brian was growing up in the Zimunya area of Mutare District, he and his family were very poor, with few resources.

In 2004, he was registered with the OVC-ESC project while a student at Gwese Secondary School. The project provided him with school fees, uniforms, and food. Brian said that, for the first time in his life, he was "going to school with shoes on my feet and a full stomach."

Brian showed good progress in his studies and passed his examinations. After his secondary-school education,

the OVC-ESC project selected him for a vocational-training program run by the Manicaland Training for Enterprises Trust in Magamba. There, Brian completed a welding and metal-fabrication course. "Now, I am able to make bread trays, carts, metal window frames, and window bars, among other designs," Brian writes. "The assistance I received from the OVC-ESC project and the money I earn on jobs have enabled me to look after my two siblings and provide them with food, clothing, and soap. I am deeply grateful."

Grace Matare is 20 years old and travels to Chitora village in Mutare District to visit her younger brother, who lives with their aunt. Their mother died in 1993. Three years later, their father passed away too, most likely from AIDS. Grace writes: "I suffered with my brother. Being a child-headed family, our life was difficult and securing food was hard. At times we would go for days without a meal. We sometimes received food from neighbors."

The OVC-ESC project registered Grace in 2005 and assisted her with her secondary-school education. After passing her examinations, she enrolled in the teenage vocational-training program at the Magamba training center, where she currently studies garment construction, design, and dressmaking. Grace's wish is to have a sewing machine so that she can open her own shop and help her brother and grandparents. "I find the course very interesting," she writes, "because now I am able to make T-shirts, suits, and different styles of clothing that are in fashion. I would like to thank the people of the OVC-ESC project for

Mike DuBose/UMNS



A student greets visitors at the Surviving Child Orphan Trust in Murewa, Zimbabwe. The United Methodist ministry cares for about 600 children left orphaned by AIDS.

the assistance they have given me up to this date. May the Lord continue to richly bless them."

Yvonne Tapiwa Chebanga is a "double orphan," having lost both her parents to AIDS. She completed secondary school in 2002 at the Hartzell High School on the United Methodist Old Mutare Mission campus. Then she gained admission to the Faculty of Humanities and Social Sciences at Africa University, but she was not able to attend for lack of funds.

In 2004, she applied to the OVC-ESC project for assistance. She was then admitted to a bachelor of arts degree program at the University of Zimbabwe in Harare. The OVC-ESC project provided her with tuition fees, boarding costs, and other expenses to enable her to study there. During her vacations, she worked at Africa University to help the OVC-ESC project register new orphans and vulnerable children. In 2008, she graduated with a B.A. from the University of Zimbabwe and secured a job with Life Ministry (Campus Crusade for Christ), an organization that provides spiritual support to many students in Zimbabwe. By carefully managing her income, she was able to buy a plot of land in a Harare suburb. She has a passion for her work and has begun helping other children, especially "double orphans," in her spare time.

INDIA DHABHA PROJECT AT MURSAN

Mursan Public Health Center's Dhabha Project in Mursan, India, targets long-distance truck drivers who risk contracting HIV/AIDS from commercial sex workers. Reidun Refsdal, a United Methodist missionary from Norway who directs the Mursan Public Health Center, set up the Dhabha Project on the Delhi-Agra highway. The Global AIDS Fund has provided project funding for the past three years.

The project offers education, counseling, and HIV testing at truck stops. The drivers find it convenient to get tested where they stop for rest. The staff refers those who test positive to the nearest government hospital for counseling and treatment. The project has also produced audiotapes, with music and messages about HIV/AIDS, so that drivers can listen and learn while they drive. Ms. Refsdal writes: "Hundreds of truck drivers have benefited from the information, testing, and counseling provided by the Dhabha Project. The Government of India has recognized this unique intervention and supports the program in many ways." She also shared the two stories that follow.

Deepak Sharma is a 25-year-old who worked as a truck driver in northern India. The Mursan Public Health Center of the Methodist Church in India tested Deepak for HIV at one of its Dhabha Project roadside sites. He was found to be positive. When he came to the Mursan Health Center, he had a fever, was weak, and had lost weight. He told Ms. Refsdal: "I was a truck driver. During my trips, I used to visit commercial sex workers. After driving a truck for 1½ years, I felt my health was not good. At the Mursan Center, the staff counseled and treated me.

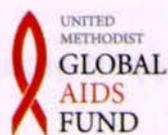


Long distance truck drivers receive HIV testing, education, and counseling at the Dhabha Project on the Delhi-Agra highway. Photos courtesy of Reidun Refsdal.

"I was then referred to the government hospital in Meerut," Deepak continued, "where the doctors gave me antiretroviral drugs. Within a few months, my health began to improve. At the Meerut hospital, I met a young woman who had become HIV-positive after receiving a blood transfusion. In time, we got married and are now living happily together, but we decided not to have children. After I became HIV-positive, I lost my job, but now I'm working in a community-care center for HIV-positive people. I'm also helping my father in his general store. I am very happy. Even though my wife and I are both HIV-positive, we live a very normal life. We want to be an example for others."

Ramesh came to the Mursan Public Health Center in July 2004, with fever, weakness, a cough, and weight loss that had been increasing for five months. "When I came to the Mursan Center," he explained,

Antiretroviral drugs in Mursan. Photos courtesy of Reidun Refsdal.



**Testing and counseling truck-stop ministry
along the Delhi-Agra Highway**

Photo: Courtesy Reidun Refsdal



The Dhaba Project of Mursan Public Health Center does HIV/AIDS outreach work along the Delhi to Agra truck route.

"I had been sick for a long time and was taking medicines without any relief. The doctor advised me to get tested, and I found I was HIV-positive. I did not know what that meant, but I was very ill. I had dropped out of school because my father could not afford the school fees. I had a relationship with a woman whose husband was a truck driver.

"After some time, my health became worse," Ramesh continued. "I was advised to go to the Mursan Center. There, the staff talked a lot with my father and me. The staff, doctor, and field workers even visited me in my village. They sent me to the medical college hospital in Meerut, where I was tested and given medicines. After taking them for 5 to 6 months, my health began to improve and I was feeling very good. The Mursan Center gave me a scholarship, and I began attending school again. I completed high school and am now in my second year of study for a B.A.

"Besides this," he said, "I am also working as a part-time teacher in a private school. Recently, I received training as a community health worker for HIV-positive people in Aligarh. Now I am helping others to get treatment

and help. I have decided not to get married. I am 23 years old, but I feel that I have a good and normal life."

BOMBAY METHODIST AIDS PROGRAM

The Bombay Regional Conference of the Methodist Church in India has started, through its churches, an education, training, counseling, and income-generating project for HIV/AIDS-affected women in the slums of the Pune area. The women contracted HIV/AIDS from their husbands and were cast out from their homes after their husbands died. The project trains clergy and lay leaders to educate congregations to form support groups and empower the women. The Rev. S. M. Chandorikar, director of the Methodist AIDS Program (MAP), shared the following story about a beneficiary of the Global AIDS Fund program.

"Vandana Pandit is a 35-year-old woman from a poor Christian family

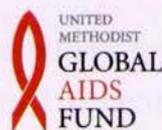
in Limbgaon Khairi, a village in Maharashtra State," Rev. Chandorikar writes. "Her parents married her off at a young age to a man who worked as a driver. Vandana had two children. During her pregnancies, she returned to her parents' home, as was the custom. During her absence, her husband had a relationship with another woman and also with commercial sex workers while on his trips. He developed AIDS and died in 2001.

"By this time, Vandana was also infected. The news spread in her village and people began to discriminate against her. She was not allowed to work in the fields, and her children could not attend school. Many times she thought of committing suicide.

"One day, she attended a 'Facing AIDS' program that we conducted at the Methodist Church in Chitali, a nearby village. Moved by the service and the program, she witnessed to everyone, saying, 'Now my Lord is my healer. Even though the whole world has put me out, the Lord is taking care of me.' Others then opened their hearts and accepted her in the church.

"Then Vandana began to contact HIV-positive persons in the villages and prayed with them. She would take them to the hospital for treatment. She brought many to the MAP office for counseling and advice. The Lord has changed her life and is using her to give others hope."

Kalindi Thomas is a Global Ministries missionary who coordinates regional training and program development for UMCOR's Community-based Primary Health Care Program in the Asia/Pacific and Africa regions.



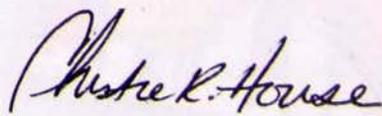
Support groups for women

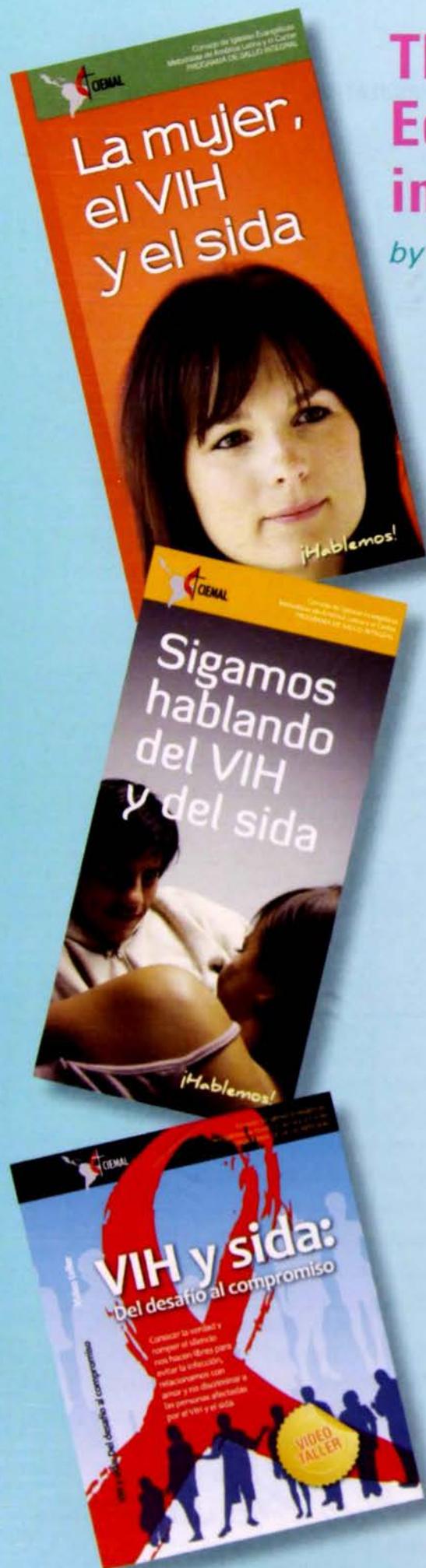
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Christie R. House, Editor, October 1, 2009



The Context of HIV/AIDS Education and Prevention in Latin America and the Caribbean

by Eduardo Campaña and Eluzinete Pereira de Souza Garcia

Do not be conformed to this world, but be transformed by the renewing of your minds.... (Romans 12:2)

For more than 12 years, the Comprehensive Health Program of the Council of Evangelical Methodist Churches in Latin America and the Caribbean (CIEMAL) has been focusing on the church's response to health issues confronting Latin American and Caribbean communities. HIV/AIDS represents a significant concern for CIEMAL, namely for the unique and complex combination of social, cultural and health challenges that are related to the disease.

Suppose we compare the spread of HIV/AIDS to the way a fire spreads. In sub-Saharan Africa, the situation can be likened to a wildfire; thus urgent and drastic measures must be taken to put it out. To avoid the occurrence of such a raging fire in Latin America, a constant and sustained effort must be made to slow and limit the fire's spread before it gets out of control.

In Latin America, where the population is composed mainly of indigenous, black, and mestizo peoples, the HIV virus is establishing a foothold. For the church in Latin America, this means that our efforts must be directed mainly toward preventing the transmission of HIV, while working to mitigate those factors that favor the virus. Among such factors are gender inequalities and the stigmatization of

and discrimination against those persons affected.

The main focus of CIEMAL's Latin American HIV/AIDS program is to challenge the Methodist Church in Latin America and the Caribbean to make a commitment of time, effort, and support to combat the disease. Such a response will be in keeping with the Good Shepherd's affirmation: "I came that they [the sheep] may have life, and have it abundantly." (John 10:10) To this abundant life, all peoples have a right.

Building this worthy and abundant life requires persistence in the face of opposition by the anti-Christian and anti-human forces of our time. It also requires us to encourage efforts that transform lives, beginning with a renewal of our own understanding.

NEW RESOURCES FOR A NEW TIME

As a practical response to this challenge, we've seen the need for producing up-to-date educational materials within the context of Latin America and the Caribbean. In a simpler fashion and from an integrated- and holistic-health perspective, the churches represented by CIEMAL seek to reach a greater number of people, raise awareness, lessen stigma, and proactively respond to the pandemic.



Eduardo Campaña

A CIEMAL workshop in Brisas del Mar, Colombia.

To this end, the United Methodist Global AIDS Fund (UMGAF) has supported two specific projects over the past two years concerning HIV/AIDS in Latin America. The first is a multimedia workshop to raise awareness within churches, schools, and communities about HIV/AIDS across Latin America and the Caribbean. The second project supported an ecumenical convention held in the Dominican Republic that aimed to develop a response among church leaders to HIV/AIDS, with a particular focus on the vulnerability of women and the unequal burden imposed upon them by the disease.

CIEMAL'S VIDEO WORKSHOP

The first step in educating a congregation or community about HIV/AIDS is to develop an effective tool. CIEMAL produced a video, entitled, "HIV/AIDS: the Inescapable Challenge," to serve as the central educational tool within a multimedia teaching workshop, called "HIV/AIDS: From Challenge to Commitment," that also includes reading material and lectures. The video allows for simple learning, focusing on real-life experiences in order to reach a greater

number of people in Latin America and the Caribbean.

"HIV/AIDS: From Challenge to Commitment" focuses on certain factors that we know are fundamental in forming a commitment to fight against the HIV/AIDS pandemic. Our intention has been to provide an easily accessible instrument for use in working toward that goal. The video is designed as a participatory audiovisual workshop. That is, it interacts with the workshop participants, allowing them to be "subject to an awareness and empowerment process" regarding HIV/AIDS.

The video works with either large or small groups and can be used with several different audiovisual media, including computers, DVD players with televisions, and multimedia projectors. These media are currently



Production and dissemination of educational materials

accessible for most Latin Americans. The video can also be paused at any time if the group dynamic shows a need for a break or if there are any particular topics that need further discussion. Costs for duplicating the video are very low so it can be widely distributed.

The potential for educating a large audience is great. If we calculate that, in each country, through the Methodist Church, we can train 100 facilitators to use the video and conduct a workshop and if each facilitator makes a commitment to show it 10 times to 30 people per session; then we can say that in each country we can reach at least 30,000 people.

If UMGAF and CIEMAL commit to expanding the workshop to 10 Latin countries per year, the churches alone have the potential to educate up to 300,000 people. Add to this the other institutions that have begun to utilize the video, including UNAIDS, the Red Cross, the Latin American Council of Churches (CLAI), World Vision, and various schools that show it as part of their health education programs.

Two workbooks were published in conjunction with the video production to compliment the multimedia education workshop supported by the CIEMAL health program. The publication of a workbook, entitled *Let's Continue the Talk About HIV and AIDS*,



A CIEMAL youth workshop in HIV/AIDS, Chaclacayo, Peru.

was completed in collaboration with the United Nations Population Fund (UNFPA) and CLAI. Through the collaboration, even more copies of the book could be printed and distributed. *Let's Continue the Talk About HIV and AIDS* can be used as a complement to the video "HIV/AIDS: The Inescapable Challenge" or as a stand-alone teaching tool.

The aim of the book is to provide "simple, reliable, and scientifically up-to-date information" about HIV/AIDS. However, we want to emphasize that "knowing more" about HIV and AIDS is not enough to give a proper response to the epidemic. We need to change our attitudes—what we think, what we feel, and what we do—regarding HIV and our sexuality. Also, we must face this issue in a more humane manner, attempting to understand the devastation of the pandemic and its consequences, without judging, without condemning, without censoring those people affected.

A second workbook, *HIV/AIDS' Impact on Women*, presents in a clear, simple, and emphatic manner the way in which gender-based inequalities and injustices are determining factors for the growth and spread of the HIV/AIDS pandemic.

In 2002, UNAIDS reported: "If [the increase in HIV infection] continues at its present rate, by 2020, 70 million people will have died, of which 67 percent will be women." In other words, more than 47 million of these 70 million deaths will be deaths of women. Thus, we can expect a real generational cataclysm.

In Latin America, women represent 36 percent of the 15- to 49-year-olds living with HIV. In the Caribbean, almost half of all HIV-positive persons (49 percent) are women.

These realities challenge our churches to reflect on and look objectively at the vulnerability of women, particularly the inequalities and injustices of gender that caused this feminization of HIV/AIDS. CIEMAL believes that churches should propose strategies that would help to stop the spread of HIV/AIDS in general, and the infecting of women in particular.

For more information regarding CIEMAL, go to <http://www.ciemal.org> or contact Eduardo Campaña at ciemalvih@gmail.com.

Eluzinete Pereira de Souza Garcia, CIEMAL Health Program Coordinator, in Bolivia.



Courtesy Eduardo Campaña

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A MEETING FOR REFLECTION

Beginning with an initiative of the HIV Pastoral Committee of the Dominican Evangelical Church—with support from UMGAF, UMCOR, Global Ministries, and CIEMAL—a group of representatives from several Christian denominations, academic centers, and civil organizations in the Dominican Republic participated in a meeting for reflection on HIV/AIDS strategies in their country in March of this year. The topic of the meeting was “The Vulnerability of Women Regarding HIV and AIDS.” The meeting was held to reflect on and propose strategies for addressing the difficult situation of women in the HIV/AIDS pandemic. Participants were challenged to identify and analyze different factors affecting the growth of the pandemic in the Dominican Republic and across Latin America and the Caribbean.

Fifty delegates representing churches, academic institutions, and non-governmental organizations participated in the week-long convention. During the work sessions, speakers discussed and raised different issues around topics such as the dignity and sacredness of life in the face of HIV/AIDS and the church’s role to act on behalf of the excluded persons of society. Following the speakers, participants broke out into working groups,



A CIEMAL children's event in Maracaibo, Venezuela. Photo courtesy Eduardo Campaña.

raised further concerns, and drew up guidelines for action plans and follow-up activities.

At the conclusion of the convention, an ecumenical, inter-religious Pastoral Statement was developed that expressed the beliefs and objectives of the convention. An interdenominational resource team was formed, charged with following up on the initiatives set forth in the Pastoral Plan and executing the proposed plan of action. Representatives for each of the attending churches made a commitment to draw up their own Pasto-

ral Plan for their particular denomination and local church context.

The interdenominational resource team has met several times since March and is doing follow-up work on the initial plan of action. In reaching out to establish awareness, the team has discovered an obstacle: there are not enough facilitators to cover the needs of all the churches in the Dominican Republic. The priority will be to train more facilitators to meet this demand.

Support for holding the “Vulnerability of Women” meeting exceeded our expectations. This encourages us to continue within the framework established, because the commitment made by the Dominican churches for a joint, ecumenical, and systematic effort is a unique occurrence in Latin America.



Delegates to “The Vulnerability of Women and HIV/AIDS” consultation held in the Dominican Republic.

Dr. Eduardo Campaña and Eluzinete Pereira de Souza Garcia are a United Methodist missionary couple serving with CIEMAL in Latin America. Dr. Campaña works with the HIV/AIDS program and Eluzinete Pereira de Souza Garcia is CIEMAL's Health Program coordinator.

US Annual Conferences Respond to AIDS Realities

by Linda Bales Todd



Thomas McLaughlin ties a quilt during a craft session at the Strength for the Journey retreat at the United Methodist Church's Buffalo Mountain Retreat Center near Johnson City, Tennessee. Photo: John Gordon/UMNS

"What we need is not more words, but action!" proclaimed Bishop Kainda Katembo, episcopal leader for the South Congo Episcopal Area, as he spoke some years ago about the AIDS crisis in Africa. Thankfully, United Methodists heard that plea and have been responding in profound ways. They have given generously to the UMC Global AIDS Fund, helping to fund projects around the globe that bring care, relief, and preventive education to many.

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Retreats for Persons Living with HIV/AIDS

Because 25 percent of all Global AIDS Fund contributions by local churches are retained by their annual conferences, dynamic ministry is happening across the United States. Most conferences use funding to address the pressing needs of persons living with HIV/AIDS and their families.

According to the Centers for Disease Control and Prevention, approximately 571,000 persons in the United States are living with AIDS. However, it is projected that about that same number are infected with the HIV virus—many of whom have not been tested. When the AIDS virus first appeared in the United States in the 1980s, it was primarily transmitted by men having sex with men. Today, however, the affected populations and transmission figures have changed significantly. Most documented cases now result from heterosexual sex, with statistics spiking among African-American and Latina women.

HEALING WEEKENDS IN OHIO

Healing Weekends in Ohio for people infected or affected by AIDS have been ongoing since 1988. They are sponsored twice a year by the West Ohio AIDS Ministry Committee, chaired by the Rev. Julie Carmean, senior pastor at St. William UMC in Delaware, Ohio. The weekends are held at one of the conference camps in West Ohio, which gives participants an opportunity to commune with nature as well as with fellow human beings who are affected by AIDS. The program is designed to provide education, spiritual nourishment, and fun.

Lonny LeFever, a long-time participant in these weekends, reflects on

some of his challenges. "I live in a small rural farming community in Ohio," he says. "I have lived with this virus for 28 years and 6 months, give or take a few days. Although the information is there, it still doesn't seem to have changed people's real awareness. Stigmas, fears, and discrimination are leading factors, along with the lack of science-based information. Yet we as a country still require abstinence-based teaching that we know has not worked.

"We have an HIV infection rate in the African-American community that is seven times higher than in any other group," LeFever says. "Along with the new infection rates in the Latino community, it tells me we are failing at winning the war against HIV/AIDS."

Lonny LeFever serves as an ardent advocate for change, bringing his own life experiences to the tables of power. Like the persistent widow in the Gospel of Luke, his voice unceasingly demands justice for all who are suffering with this disease.

Annual Conference AIDS Projects

An up-to-date survey of annual conference activities on AIDS can be found on the General Board of Church and Society website: www.umc-gbcs.com. Go to the drop-down issues box and click on "HIV&AIDS"; then go to resources.



Camping opportunities for Persons Living with HIV/AIDS and their caregivers



Jay Malin/UMNS

United Methodists from Toledo, Ohio, view the many panels on the AIDS Memorial quilt displayed at the Mall in the nation's capital.

RELIEF IN DESERT SOUTHWEST

With the leadership of Mary Bullis, chair of its AIDS Task Force, and Billie Fiddlin, Conference Director of Outreach Ministries, the Desert Southwest (DSW) Annual Conference has launched a number of initiatives that are making a difference. Strength for the Journey Camps for people who are HIV-positive or have AIDS, along with their caregivers, are held at two different locations. Pine Canyon Camp is south of Willcox, Arizona, in the Chiricahua Mountains, and Mingus Springs Camp and Outdoor Learning Center is in Mingus Mountain, Arizona. These camp experiences bring relief for caregivers and renewed hope for those living with AIDS. The AIDS Task Force is challenging the annual conference to encourage each of its churches to provide support for at least one camper, at a cost of \$140 per camper.

The conference also makes grants to local churches for their projects. With the help of the Tucson Interfaith HIV/AIDS Network (TIHAN), the task force has developed an intensive education and prevention curriculum in English and Swahili. The goal is to present this curriculum to as many youth, young adult, women's, men's, and senior groups as possible.

For information about this curriculum, contact Mary Bullis: mary.bullis@azwildblue.com. The task force also has a Speaker's Bureau.

MOVING FORWARD IN VIRGINIA

The 2006 Virginia Annual Conference adopted a resolution supporting the Global AIDS Fund by encouraging churches to give \$1 per member over the next four years. Thus far, \$173,000 has been raised. To call attention to the offering in 2007, the conference featured a display showing a section of the NAMES Project Memorial AIDS Quilt, and it urges other annual conferences to do the same. The NAMES Project Memorial Quilt is made up of squares quilted by friends and relatives of people who have died of AIDS. It currently depicts more than 91,000 names and takes up 1,293,300 sq. feet when laid out in full. The thousands of squares memorializing AIDS victims are powerful reminders that AIDS affects individuals from many walks of life, each of whose life was precious.

Information about the Healthy Homes, Healthy Families kits was distributed at an annual conference display table and is also being made available throughout the Virginia Annual Conference. Provided by the United Methodist Committee on Relief (UMCOR), each kit is an infection-control and basic-care kit containing



Information and kit making at annual conference

22 essential supplies needed to take care of an ailing loved one and to prevent the spread of infection.

"Our Health and Relief Team of the Conference Board of Global Ministries has been tasked with addressing HIV/AIDS," reported Martha Stokes, a Virginia conference staff member. "A subcommittee of the team is in the process of developing specific plans for communicating resources and ministry opportunities to the local churches and plans for disbursement of funds."

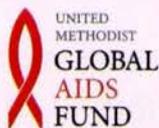


WOMEN'S MINISTRIES IN TEXAS

Jerry Longwell, chair of the Central Texas Annual Conference AIDS Task Force, is a dedicated advocate for change, with a strong concern about rising AIDS statistics for women in the African-American community. The task force, composed of clergy and laity, meets about every three months and is responsible for the allocation of about \$26,000 raised for AIDS initiatives in the annual conference. Sponsoring AIDS education and prevention workshops for local churches has been a major part of the task force's work, along with allocating small grants to local churches for their own AIDS ministries. "AIDS is the leading cause of death for 25- to 40-year-old African-American women in the Fort Worth area," Longwell said, "and the second leading cause of death for men in that age group. We are partnering with the AIDS Outreach Center in Fort Worth for our workshops, and we believe we're helping."

"Our initial workshop," he continued, "will be presented in two African-American congregations, and we will then replicate that workshop in other local churches throughout the conference. The African-American churches volunteered to be the first to conduct this workshop because they recognized the urgency of the issue in their communities. Separate tracks have been developed for adults and youth participants. All will be encouraged to go through HIV/AIDS testing, which will be offered at the workshop and on subsequent dates in their churches. The bulk of the local Global AIDS Fund money will be used to purchase materials to distribute to participating churches for use in further developing their ongoing HIV/AIDS ministry."

Longwell expressed concern, however, that it has been harder to raise mon-



Targeting at-risk populations

ey for AIDS projects than for malaria. "The stigma attached to the AIDS issue sometimes gets in the way of fundraising," he observed. He also is a big believer in comprehensive sex education for young people rather than abstinence-only education.

SHALOM MINISTRIES IN BUFFALO, NY

Forging partnerships for change is a real goal of the Western New York Annual Conference Board of Church and Society (BCS) and the work it is doing on AIDS. The Western New York BCS is making its mission come alive in a number of ways, including the sponsoring of an AIDS Awareness Sunday. The conference's AIDS funding is designated for local use by the Buffalo Shalom Zone, which partners with a Hispanic United Methodist church in its ministry. The funding supports the overall operation of the Shalom Zone, including a thrift store, AIDS education on a walk-in basis, and information about how to access HIV testing facilities.

According to New York HIV/AIDS Resources and Statistics, approximately 2,500 persons are living with AIDS in Buffalo, New York. The Rev. Lawrence Lundgren, Conference Director of Connectional Ministries, reports that active and retired pastors help with AIDS awareness and provide guidance. The biggest challenge, however, is making sure people are able to actually access services.

WE CANNOT BECOME COMPLACENT

Because HIV/AIDS no longer captures the headlines in daily newspapers in

How to Make a Difference

1. Pray daily for those infected with and affected by the AIDS virus.
2. Learn as much as possible about how your local community is addressing the needs of people living with AIDS and is teaching about AIDS prevention and treatment. Explore ways in which congregations can support existing efforts. If nothing appears to be happening, contact the local health department to see how your church might help.
3. Promote the UMC Global AIDS Fund in your local church. Go to: www.new.gbqm-umc.org/umcor/work/health/hivaids/aids-fund for information and resources.
4. Sponsor an educational forum in your local church about HIV/AIDS for young people and adults.
5. Check in with the local school system to make sure it is providing adequate and comprehensive sex education for young people. If it is not, talk with school board members about how to make that happen.
6. Ask your pastor to speak about AIDS from the pulpit. If he or she does not, be bold and educate the congregation yourself.

the United States, it's easy to forget that thousands of people in our own country are infected and affected by



The AIDS Memorial Quilt displayed at the Virginia Annual Conference.

this virus. Nor should we forget that approximately 33 million people in the world have the HIV virus, with 5,500 dying daily.

The Rev. Dr. Donald Messer concludes his 2004 book, *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*, with these compelling words: "In an age of incredible suffering, let us personally join God's merciful angels in loving and caring and healing. Doing so will be a way of visiting the sick as Jesus commanded (Matthew 25:36). It will be discovering a 'means of grace' as deeply spiritual and meaningful as partaking in Holy Communion or being baptized. It will be experiencing anew the splendor of God's grace. Yes, as we do it to 'one of the least' of God's children, we will be doing it to Christ."

Linda Bales Todd is the director of the Louise & Hugh Moore Population Project of the General Board of Church & Society and a member of the UMC Global AIDS Fund.



AIDS Awareness Sundays



Reaching Rural Women and Children with HIV/AIDS in India

by N. M. Samuel and Donald E. Messer

Great crowds came to him, bringing with them the lame, the maimed, the blind, the mute, and many others. They put them at his feet, and he cured them, so that the crowd was amazed when they saw the mute speaking, the maimed whole, the lame walking, and the blind seeing. And they praised the God of Israel. Matthew 15:30-31

For three years Kumari went from hospital to hospital, clinic to clinic, in southern India seeking medical help. She was suffering from pain and embarrassed by a foul-smelling discharge, but once doctors learned she was HIV-positive, she was referred elsewhere. She needed surgery for a uterine prolapse, but no one wanted to help her.

Rajamani, a five-year-old boy, was born HIV-positive and with a physical disability as well. He couldn't walk, so he couldn't play with other children. His parents found him difficult to handle.

Shanthi received antiretroviral medicine, but it inflamed an old leprosy infection. She was unable to work and to care for both her infant and her mother. Everywhere she turned, she was stigmatized, discriminated against, and rejected.

REACHING OUT TO THE MARGINALIZED

Kumari, Rajamani, and Shanthi are but three of the 1,415 patients treated this year in Namakkal, India, by the small Concern for AIDS Research and Education (CARE) Center for Women and Children. On any given day, the clinic treats from 75 to 100 women and from 5 to 60 children.

The CARE Center was initiated with a start-up grant from the United Methodist Global AIDS Fund—in the form of a \$20,000 gift from the Church of the

Resurrection in Leawood, Kansas, designated for treatment. The clinic operates yearly on faith and hope, relying on gifts to cover a budget of about \$25,000. Support comes from donors to the Center for the Church and Global AIDS, the Global AIDS Fund, friends in Europe, and other persons of goodwill.

Reaching out to the most marginalized and impoverished of India's society, the CARE Center provides compassionate medical care. In the spirit of Jesus, the clinic's mission ensures that "the blind receive their sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, and the poor have good news brought to them." (Matthew 11:4-5)

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In HIV/AIDS cases, India ranks just below South Africa, having the second-highest number of infected persons in the world—more than 2.5 million HIV-positive people. Namakkal is a region in southern India with an exceptionally high HIV-prevalence rate. The CARE Center there offers free health services to those in need. Women and children are especially endangered. In a sample of 282 recent patients, of the 133 who were HIV-positive, 96 were female; 23, male; and 14, children.

Most of the women treated are married and were infected by their husbands. Namakkal is a major trucking center, and the men are away from home for months at a time. With little education and lacking knowledge about AIDS, the men too often have unprotected sex while on the road. When they return, their wives or partners are at-risk for contracting sexually transmitted diseases, including HIV.

Child labor, while illegal, is yet common. Young, uneducated adolescent males regularly work in the trucking

industry. They have an obvious need for counseling about how to have safer sex and how to use condoms consistently and correctly. Rape by older male drivers is not uncommon and preventive counseling is desperately needed.

Health care is limited in Namakkal and nearby Kolli Hills. Women in particular lack information about their own bodies and how to maintain sexual health. The CARE clinic offers women confidential counseling and treatment from female doctors, nurses, and social workers.

To strengthen this outreach to the most marginalized and stigmatized, the Center for the Church and Global AIDS, in partnership with the United Methodist Global AIDS Fund and others, has raised \$20,000 to enable about \$400,000 worth of medical sup-

plies and equipment to be shipped to the clinic via Project C.U.R.E., the Commission on Urgent Relief and Equipment. Project C.U.R.E. is a US-based foundation that ships medical supplies and equipment to medical personnel who need them.

HOW THREE WERE HELPED

Fortunately for Kumari, Rajamani, and Shanthi, the CARE Center was there for them. Their stories reveal how much good a small amount of money from the United Methodist Global AIDS Fund and other donors can accomplish.

After years of being rejected and mistreated, Kumari was welcomed at the clinic. Being anemic, she received two pints of blood before her operation. As in the days of Jesus, "the poor have good news brought to them"—all of Kumari's expenses were covered. Relieved of persistent pain and discomfort, she experienced new health and hope for the future.

Rajamani was referred to specialists at Vellore Medical Hospital, where his mother was taught how to do special exercises for his affected limbs and he was provided needed leg braces. As in biblical times, "the lame walk!" Now it is a joy to see Rajamani play with other children, and his parents no longer look upon him as "a curse from God."

Shanthi was given appropriate antiretroviral medicine for HIV that no longer makes her leprosy worse. Modern antiretroviral medicines often have a "Lazarus effect," in that the seemingly "dead are raised" and receive new life. She is not easy to treat, so the medical staff keeps care-



Medical treatment in rural areas



Opposite Left: Dr. N. M. Samuel and Hannah Glusenkamp, from Bethany Lutheran Church in Denver, stand outside the CARE Center in Namakkal, India. **Right:** Sister Premavathy, an RN, is making a home visit to Kuachipalayam village. Photos: Sue Ann Glusenkamp
Above: Children in Namakkal meet the home visiting nurse from CARE Center.



Left: Dr. Vijay Kumari in the CARE pharmacy. **Center left:** A child receives antiretroviral medications. **Center right:** Rajamani, who is HIV-positive, was referred by the CARE Center to Vellore Medical Hospital, where he received leg braces. **Right:** Staff of the CARE Center make a home visit to Bhavani, about 35 miles away, to record the progress of Karthik, a 5-year-old on antiretroviral medication.

Photos: Sue Ann Glusenkamp

ful watch on her, with a nurse going to her home every 15 days to check on her progress. Despite problems, she is making progress and her family is now getting regular food.

OUTREACH PROGRAMS TO THE COMMUNITY

The creative CARE clinic staff have developed a number of outreach programs for the community. Yearly eye camps, sponsored by Bethany Lutheran Church in Denver, reach scores of people whose eyesight has been distorted by the HIV virus. Literally, new eyeglasses mean "the blind receive their sight."

Monthly nutritional supplement programs support 45 to 50 HIV-positive women suffering from malnutrition. Though infected people need more and better food, they often get less nutrition. This is particularly true for mothers, who tend to feed their children before taking care of themselves.

Women with HIV are especially vulnerable to cervical cancer and rarely get preventive care if they are poor and illiterate. Painful cancer deaths await them, even if they are getting antiretroviral treatment. All women coming to the center are screened with Pap smears and offered recommended treatment.

A particularly joyful experience was a special "a *thatha patty day*" that celebrated and honored grand-

parents who care for grandchildren orphaned by AIDS. Gifts were given to the 20 grandparents who attended, and they were counseled on how to improve both their health and that of their loved ones. The grandparents could not believe that somebody actually cared about them.

CARING IN THE SPIRIT OF JESUS

Persons infected and affected by HIV/AIDS consistently report that worse than having the disease itself is the way people treat you if you have it. But at the CARE Center for Women and Children, people are treated as human beings made in the image of God, worthy of love and life, hope and health.

Last Maundy Thursday, the staff remembered how Jesus washed the feet of his disciples by washing the feet of many of their clients. In rural India, the majority of impoverished men and women walk barefoot from childhood. Nobody ever cares for the feet of the poor. But during Holy Week, the staff gathered 22 HIV-positive women, men, and children. After a short prayer and an explanation of how Jesus had humbled himself to meet human needs, the medical staff—doctors, nurses, and others—knelt down and washed the dry clay and dust from their patients' hard, rough feet. It was an emotional experience, and some participants broke down in tears. Such love and per-

sonal attentions were unbelievable. It felt like once again "the lepers are cleansed."

Then a common loaf of bread was shared and each person was given another loaf to take home. This was not a formal Eucharist, but it was a time for recalling the words of Jesus: "Take, eat;...do this in remembrance of me."

Too often medical institutions and churches treat people who are HIV-positive as nonpersons, showing condemnation rather than compassion. But the CARE Center for Women and Children in Namakkal, India, seeks to live out the healing ministry of Jesus, showing no stigmatization or prejudice but believing that an AIDS-free world will happen only when all people are treated as our sisters and brothers.

Dr. N. M. Samuel, M.D., of Chennai, India, is Professor Emeritus at the MGR Medical University in Chennai, India, and founder of the CARE Foundation in India. A board member of the International AIDS Society, he lectures worldwide on HIV/AIDS and oversees the Women and Children's Center in Namakkal. The Rev. Dr. Donald E. Messer, of Centennial, Colorado, serves as executive director of the Center for the Church and Global AIDS and as chair of the International United Methodist Global AIDS Fund Committee.

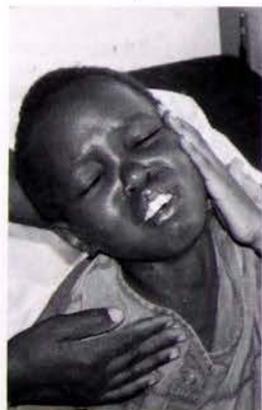
Fridah and Mercy

by Jerri Savuto, United Methodist missionary serving with Maua Methodist Hospital in Maua, Kenya.

In March 2009, an unknown eight-year-old girl was admitted to the pediatric ward of Maua Methodist Hospital. She had been found by the police in Kangeta, a village 5½ miles away. She was extremely ill, dehydrated and emaciated, and tested HIV-positive. Fridah would not talk to anyone and no one knew her. At first she was very demanding and angry, but soon the love and care she received from our nursing staff transformed her into a beautiful child. She adored being held or cuddled by the nurses, especially Sister Sophia, the head nurse.

A woman visiting another child recognized Fridah and explained she was originally from the Maua area. Her parents had both died of AIDS and Fridah was living with her married sister, Mercy. Mercy loved her sister, but Mercy's husband and family did not want an HIV-positive child in their home. They tormented Fridah, often beating her, withholding food and water. If she touched a cup or plate, she was punished. Mercy tried to protect her sister, but ultimately, both Fridah and Mercy were chased from their home by Mercy's husband and forced to live in the streets of Maua.

Mercy heard there was a home for children with AIDS in Kangeta and she and Fridah walked there, but when they arrived, they found no such home. After about five days, Mercy told Fridah she was going to look for food, but she never returned. Two women noticed Fridah and called the police.



Fridah, shortly after she arrived at Maua Methodist Hospital.

I last saw Fridah in May 2009 when the hospital prayed for the work and workers of the new extension of the pediatric ward. She looked wonderful and smiled often. I remember whispering a prayer that Fridah would soon find a permanent place to live. However, before a home was found for Fridah, there was a measles outbreak in the ward and Fridah was infected and passed away on June 7th. I feel confident that for the last two months of Fridah's life, she was loved and cared for by the pediatric staff at Maua Methodist Hospital and that love transformed her completely.



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connecting the church in mission

SHADE

by Judith Santiago, program coordinator for UMCOR Communications

SHADE (Sojourner, Help, Advocacy, Development, Education), a program of Woodstock Methodist Church in South Africa, provides refugee assistance and work opportunities for thousands of people displaced by conflict. This ministry, with the help of UMCOR, has been meeting the challenges of violence, HIV/AIDS, hunger, and poverty. SHADE is a strong advocate in the fight against HIV/AIDS. Because HIV/AIDS is such a personal issue, SHADE encourages people to break their silence about the disease to help educate others.



Chris Heckert

Belia, a staff member of SHADE.

SHADE's Sister 2 Sister network helps to reach out to women vulnerable to HIV/AIDS. Many young girls are susceptible to HIV because they rely on prostitution as a way to escape their poor socioeconomic circumstances. Sister 2 Sister helps women and young girls face the truth about their illness. Women are empowered to share their experiences and what they know about HIV/AIDS to inform and encourage others to speak up. SHADE raises issues such as nutrition, sexual behavior, and HIV/AIDS education and mobilizes churches to combat HIV/AIDS.

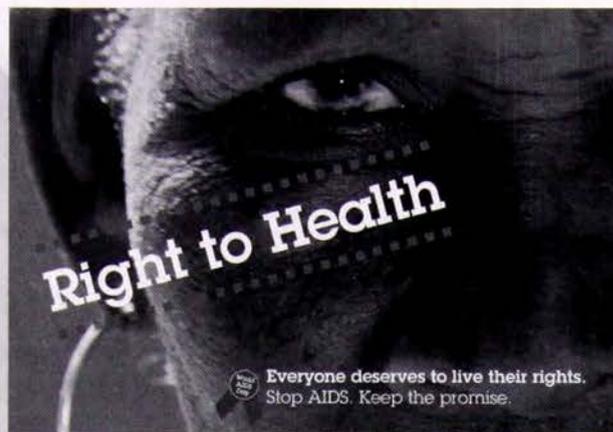
Chris Heckert



SHADE is a strong advocate in the fight against HIV/AIDS. Because HIV/AIDS is such a personal issue, SHADE encourages people to break their silence about the disease to help educate others. SHADE's Sister 2 Sister network helps to reach out to women vulnerable to HIV/AIDS. Many young girls are susceptible to HIV because they rely on prostitution as a way to escape their poor socioeconomic circumstances. Sister 2 Sister helps women and young girls face the truth about their illness. Women are empowered to share their experiences and what they know about HIV/AIDS to inform and encourage others to speak up. SHADE raises issues such as nutrition, sexual behavior, and HIV/AIDS education and mobilizes churches to combat HIV/AIDS.

World AIDS Day 2009

by Judith Santiago



The Rev. Dr. Donald Messer, a United Methodist, visits with AIDS orphans in Malawi at a center supported by the United Methodist Global AIDS Fund.

Photo courtesy of Donald Messer/UMNS.

Each year, World AIDS Day is observed on December 1. It is a time for special programs on HIV/AIDS to focus on healing prayer, hope in God, and love and compassion in the midst of the HIV/AIDS outbreak. The World AIDS Day theme for 2009 is "Universal Access and Human Rights." The key slogans adopted for this year's World AIDS Day stress the importance of human rights for persons living with HIV/AIDS. Among the key slogans adopted in 2009 World AIDS Day resources is the following:

- I am accepted.*
- I am safe.*
- I am getting treatment.*
- I am well.*
- I am living my rights.*

Everyone deserves to live their rights.

Right to live.

Right to health.

Access for all to HIV prevention, treatment, care, and support is a critical part of human rights.

The aim for this year's theme is to provide concise, informative texts designed to illustrate the relationship between human rights and universal access. Materials for World AIDS Day are available from UNAIDS (<http://www.unaids.org>), the General Board of Church and Society (<http://www.umc-gbcs.org>), and the General Board of Global Ministries (<http://gbgm-umc.org/health>).

Voluntary offerings can be given to the United Methodist Global AIDS Fund, Advance #982345.

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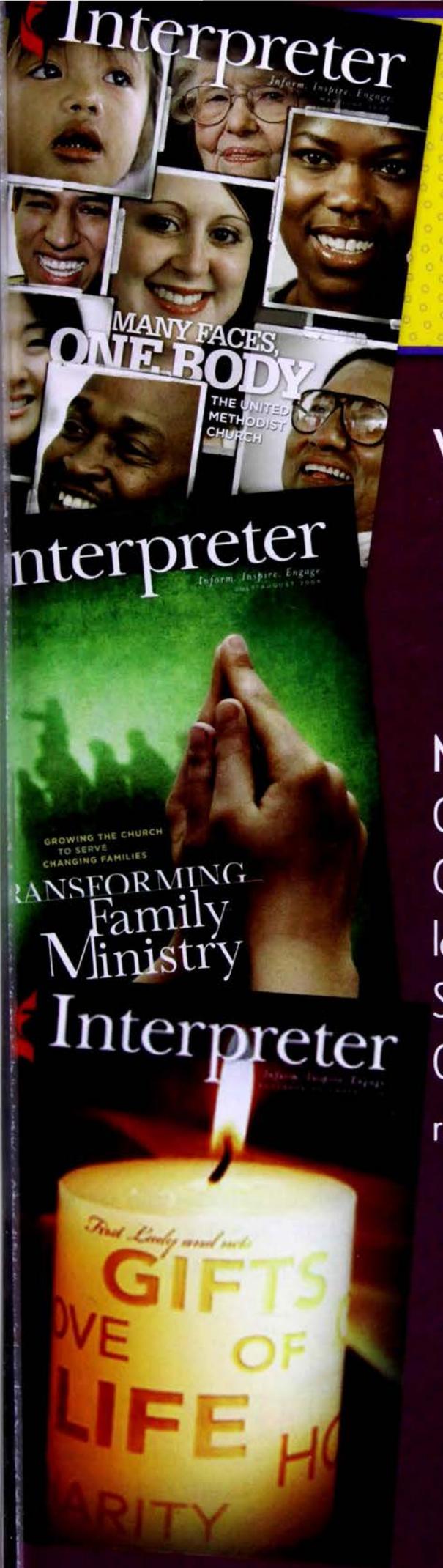
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INTCNT09

STOP AIDS. KEEP THE PROMISE.

A new resource is available for local churches to use to address the AIDS pandemic around the globe. "Working Toward an AIDS-Free World: An Educational Kit for United Methodist Churches" includes resources and information to educate congregations and their communities about HIV/AIDS. The educational kit, developed by the United Methodist Church Global AIDS Fund Committee, includes the ABC's of AIDS, myths and

facts about HIV/AIDS, global and jurisdictional HIV statistics, Power Point presentations, surveys, worship resources, and much more to help strengthen a local church AIDS ministry.

Through the United Methodist Global AIDS Fund, programs that focus on prevention, counseling care, and training are becoming a lifeline to thousands of people left vulnerable by this deadly disease. Your congregation can play a pivotal role in the eradication of this devastating virus.

Look for this Educational Kit, offering envelopes and additional AIDS resources by visiting www.umglobalaids.org.

This educational kit will empower United Methodist churches in their fight against HIV/AIDS.



Working Toward an
AIDS-free world

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475 Riverside Dr., Rm 330 New York, NY 10115
800-554-8583 | www.umcor.org