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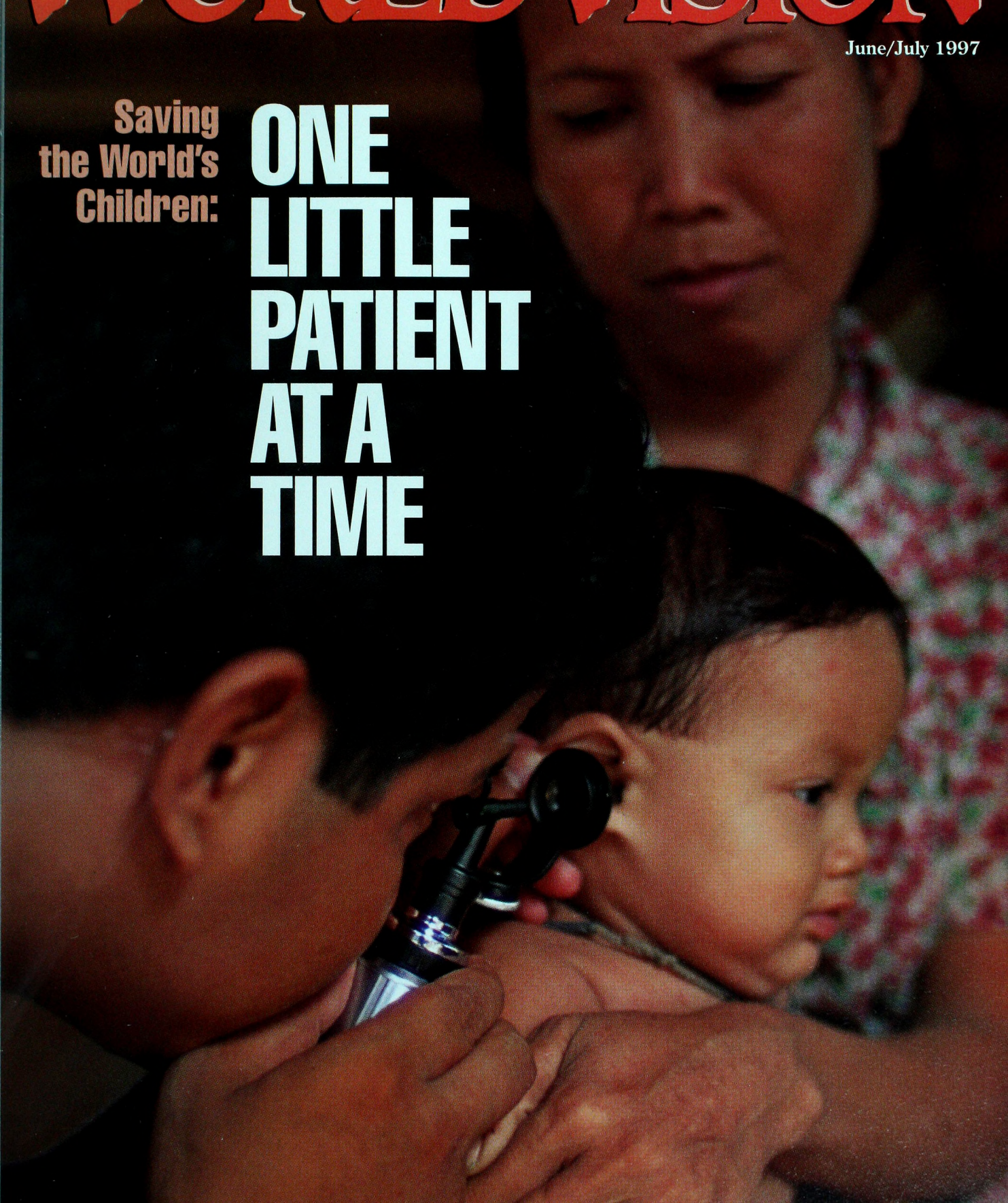
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WORLD VISION®

June/July 1997

Saving
the World's
Children:

**ONE
LITTLE
PATIENT
AT A
TIME**



Saving the World's Children **ONE LITTLE**

Midwife Amina Sharif Mohammad uses a scale to gauge the nutritional status of a child at the World Vision-supported Medina health center in Mogadishu, Somalia.



PATIENT AT A TIME

BY JOHN-THOR DAHLBURG

WITH AN INTRODUCTION BY ROBERT A. SEIPLE

NUMBERS ARE AN IMPORTANT PART OF OUR WORK at World Vision. How many countries are we working in? (more than 100) How many people are we helping? (50 million) How many more people need World Vision's help? (more than our means permit) How much money must we raise to meet growing needs in an increasingly disordered world? (\$303,567,000 in 1996)

When I became president of World Vision United States in 1987, one number in particular haunted me: 40,000 children were dying every day of hunger and preventable diseases. Soon I began traveling overseas to see World Vision's work for myself, and these numbers became names.

Wondimu Bekele easily could have become a tragic statistic. Born in Ethiopia in 1984 in the depth of the East African country's devastating famine, Wondi faced overwhelming odds. A million people died in the famine. Young children such as Wondi were most vulnerable.

But he is a survivor. Much more, he is a child of hope, with enthusiasm for life, a quick mind that is being educated, and a faith that is incarnationally modeled by World Vision workers who have improved his environment.

Wondi is a World Vision-sponsored child, and I am his sponsor. My monthly donations have helped to provide his village with a medical dispensary, a new school, and a borehole that supplies clean water.

Over the past 10 years, the number of daily child deaths around the world has dropped by 6,000, to 34,000. This improvement has been due largely to the efforts of humanitarian organizations such as World Vision, which have provided better nutrition for children, expanded the reach of immunization against childhood diseases, and helped many families overcome poverty.

Yet much remains to be done. The following article by *Los Angeles Times* writer John-Thor Dahlburg illustrates the problems and solutions of the global drive for child survival.

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BRUCE BRANDER / WORLD VISION

World Vision President Robert Seiple meets his sponsored child, Wondimu Bekele, in Ethiopia.



BRUCE BRANDER / WORLD VISION

Claudia Rostas, 2, peers between the bars of her crib in an orphanage in Cluj, Romania. With the work of World Vision and other humanitarian agencies, conditions in the country's children's homes have improved enormously.

NOT ENOUGH DONE

"Theirs are the silent deaths" is the sad verdict of A. Mushtaque R. Chowdhury, who holds a doctorate from the London School of Hygiene and Tropical Medicine and is a social activist in Bangladesh, one of the world's poorest, most densely populated countries.

While the lethal significance of acquired immune deficiency syndrome, or AIDS, captures the most headlines worldwide, in countries like India poor children face more common medical emergencies—ones no less dire. In India alone, more children in a single day perish from diarrhea and its energy-sapping complications such as malnutrition than the nation's toll from HIV since it was first detected in Bombay 11 years ago. That is at least 1,900 child deaths a day.

In Mexico, the toll of the young remains so great that when Indians in the impoverished southern state of Chiapas took up arms on Jan. 1, 1994, one reason they gave was that their children were dying of curable diseases, including diarrhea.

In fact, deaths from diarrhea could be slashed by at least two-thirds with packets of soluble electrolytic salts priced at a few cents each, or home remedies that cost next to nothing if parents know how to concoct them, says Dr. Uday Bodhankar, president of the Indian Academy of Pediatrics.

But not enough is being done—by doctors and health institutions, pharmaceutical companies, governments and schools, international agencies and charities, and the richer countries where boys and girls are infinitely safer.

TWO STEPS FORWARD, ONE BACK

Against the backdrop of 20th-century triumphs in medical research and public health, today's toll of the young seems especially senseless. In the 50 years since the end of World War II, the proportion of children in the developing world who do not survive past their fifth birthday has been slashed by almost two-thirds.

But the world may have reached a turning point—one where past achievements in equalizing everyone's chance for life and health are threatened. In recent years, far less aid is going to developing countries, and evidence suggests that the gains made during the past decade in reducing child mortality are slowing down, or even reversing.

In Nigeria, Africa's most populous country, child immunizations for a dozen highly communicable diseases, including measles, are dropping, from 80 percent to as low as 20 percent.

India is home to more malnourished youngsters than any other country: 75

In Ghosrawan, India, a village so wretchedly and desperately poor that residents sometimes must eat rats, death came for Sonia. The skinny 3-year-old broke out in fever and began to gasp one rainy, cool evening. After consulting a quack, her parents confined Sonia to their dark shack for five days and nights without medical care.

But her fever and breathlessness continued and her mother and father grew worried. Spotted with rashes, Sonia was finally carried from her community of thatched mud huts, in a lurching bullock cart, down a slimy, monsoon-flooded track to a hospital 10 miles away.

It was too late. Two weeks after falling ill, Sonia died. Her mother, Phoolwa Devi, blames the Hindu mother goddess. "It was not in our hands," the gaunt, illiterate woman said stoically as she breast-fed Sonia's 1-year-old sister. "It was the wrath of Mata, and we just have to bear it."

The young child in the state of Bihar, a dirt-poor land south of the Himalayas, died of complications from common measles. Rubeola—which for American children

has come to mean little more than a day or two home from school and a dose of antibiotics—remains a dreaded mass killer in India and other poor nations of Asia, Africa, and Latin America. In 1993, the World Health Organization calculates, 1.16 million children younger than 5 contracted the disease—and died.

With only a few years left before the 21st century begins, this great loss of life goes on, with much of the world taking little notice. In the planet's most impoverished backwaters, from Afghanistan to Zaire, other pathogens—cholera, shigella, and about 30 diarrhea-causing microbes—kill more than 3 million children annually, WHO reported. Pneumonia and other acute lung infections, now childhood's deadliest enemies, claim 4.1 million more.

Each year, 12.2 million children younger than 5 die, most from preventable causes. That's one death every 2.5 seconds. How could such an enormous, routine waste of young lives be halted? "In many cases, for a few U.S. cents," WHO says.

million children younger than 5, reported a 1995 UNICEF survey. But because of recent cuts in funding for the U.S. Agency for International Development, some humanitarian agencies relying on those funds have announced they are scaling back India-based projects, including supplementary feeding programs for mothers and children.

Countries worldwide are slashing development aid. Canadian bilateral aid to poor countries has been trimmed by a third. Britain sliced its assistance to Africa by \$24 million, to \$407 million in 1996-97. And according to Washington insiders, bilateral American development aid to Africa—now the most hazardous place on earth to be a child but a region where few vital U.S. interests are at stake—is likely to be sliced 18 percent to 20 percent by Congress.

THE POOR PAY MOST

The bold, perhaps naive dream has been that all children are entitled to an equal chance at survival without regard to their land of birth. Seventeen years ago, at a WHO- and UNICEF-sponsored international conference, officials endorsed the goal of "health for all" by 2000.

It would be wrong to claim that little has been accomplished since. Last year, around 2.5 million fewer children died

than in 1990 thanks to a global immunization campaign against polio, measles, and other child killers and cripplers; increasing use of oral rehydration therapy for diarrhea; promotion of breast-feeding; and other worldwide programs. In India, an immunization program launched a decade ago by the late Prime Minister Rajiv Gandhi may be saving up to 1 million lives a year once forfeited to measles, whooping cough, diphtheria, polio, tuberculosis, and neonatal tetanus.

But even the most cheerful figures can't mask another, troubling trend: Inequities in health and access to care appear to be growing. "Who are the people who are now the sickest? It's obviously and clearly the poor," said Dr. Mira Shiva, director of policy for the Voluntary Health Association of India.

True enough, in WHO's first annual checkup of the human race, Dr. Hiroshi Nakajima of Japan—the Geneva-based U.N. agency's director general—concluded in 1995 that the gaps between rich and poor are widening. For example, though infant mortality fell by 25 percent and overall life expectancy increased by more than four years to about 65, between 1980 and 1993 demographic disparities worsened between the better off and the poorest countries.

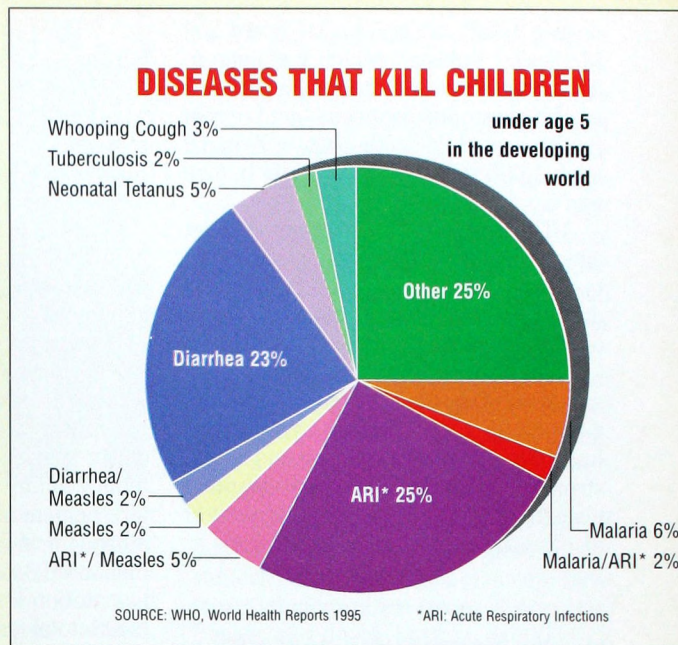
"There are already worrying increases in cholera, tuberculosis, and plague—all diseases closely linked to poverty—while immunization rates against potentially fatal diseases are beginning to stumble backward in some countries," Nakajima wrote.

"Growing inequity is literally a matter of life and death for many millions of people, since the poor pay the price of social inequality with their health."

AFRICAN CHILDREN WORST OFF

In the African lands south of the Sahara, the lives of the young are in greatest jeopardy. Cycles of famine and civil war, along with corrupt governments and attendant political instability, compound other factors that gnaw at a child's chances for survival: poverty, malnutrition, poor hygiene, tropical environments favorable to disease. Malaria, meningitis, and parasites are added local threats.

In four countries—Niger, Mali, Guinea, and Malawi—more than half of the married women have lost at least one child. In



UNICEF's worldwide ranking of mortality among those younger than 5, no fewer than 18 of the 20 worst-performing countries are in Africa. Statistically, babies born in sparsely populated Niger are the unluckiest of all: Almost a third do not live past their fifth birthday.

On Africa's Horn, another nightmare scenario seems to be fast coming true, one that etches the poignant contrasts between poor and rich nations. On March 3, 1995, U.N. peacekeepers departed from chaos-and-famine-racked Somalia, leaving rival clans to squabble for power there. Several months later, aid workers started reporting hundreds of cases of measles among newborns to 2-year-olds. The outside world, which poured a total of at least \$2 billion into the U.S.-led peacekeeping mission in Somalia, has sunk little more money into humanitarian operations there, leaving the country to fend for itself.

THIRD WORLD MUST DO MORE

UNICEF has calculated that for \$25 billion each year, global child malnutrition could be halved, major childhood diseases tamed, deaths for those younger than 5 slashed annually by 4 million, and safe water and sanitation supplied to all communities.

That is a huge sum. Consider, though: It is half of the about \$50 billion that Europeans spend each year on cigarettes, \$6 billion less than what Americans pay for beer. But the generosity of outsiders, even if it could be revitalized, cannot do magic. Many developing countries desperately need to do more. Pakistan, for example, spends 31 percent of its budget on its armed forces—and 1 percent on health care. (America, by comparison, spends 18 percent of its federal budget on defense and 16 percent alone

WORLD VISION AND CHILD HEALTH

World Vision in 1996 operated 15 child survival projects and hundreds more incorporating primary health care in 47 developing countries, aiding more than 17 million people. Working with local agencies and health providers, World Vision offers prenatal, maternal, and infant health care and training. This program includes immunizations, training in oral rehydration therapy, growth monitoring, breast-feeding education, clean water, and other health-giving measures.

This focus on health care and child survival has contributed to a major decrease in child mortality rates worldwide. Despite growing populations, the number of child deaths from preventable diseases, hunger, and lack of access to clean water has fallen from more than 40,000 per day in the 1980s to below 34,000, according to the United Nations.

on two health programs, Medicare and Medicaid.) Pakistan, which has gone to war three times with India, has its own nuclear-weapons program—and one of the highest child-death rates in Asia. Of each 1,000 infants, 137 will die before age 5.

The results of such scanty budget allocations for public health may be hard to visualize, but coping with them is the daily plight of health professionals throughout the developing world.

Dr. Abdul Wahab Achakzai is medical officer at the Civil Hospital in Chaman, a poor and dusty Pakistani bazaar town. Each day, 700 to 800 children and adults stream into his flyblown establishment near the Afghan border for treatment of diseases from malaria to tuberculosis.

CHILD SURVIVAL: MALAWI

I've had six children," 30-year-old Mary Kanthema says quietly. "Four are alive. Two have died."

In Mary's southern African homeland of Malawi, where infant and child death rates are among the highest in the world, her tragic story is common.

Her first child, Hanock, died of a fever when he was 1 year old. A year later, her second child, Severia, died of anemia at age 1. Two years later, Mary and her husband had another girl, Mwai. They were doubtful of her chances for life until World Vision initiated a child survival project nearby.

Mary began taking Mwai to the World Vision clinic for immunizations, growth monitoring, and other medical care. She learned oral rehydration as a means of treating diarrhea. She also came to understand the importance of family-spacing techniques, healthy nutrition, good sanitation, and clean water.

Today Mwai is a healthy 8-year-old, and Mary and her husband have three more children—Prospelina, 5, and twins, Emma and Emmanuel, now 4. All the children have been immunized at the clinic. Each month the twins are weighed, a health worker carefully filling out health cards that indicate they are growing normally.

"In so many ways, God is with us. That's what his name means," Mary says, looking at her son, Emmanuel: "God is with us."

"The government gives us 120 rupees"—less than \$4, Achakzai said as he examined a shivering 5-year-old girl whom he suspected had been bitten by a mosquito carrying vivax malaria. Less than \$4. That's not per patient. That's the hospital's daily subsidy, Achakzai said.

In Mozambique, where a decade-long guerrilla struggle against Portugal was followed by 16 years of civil war, 100 percent of the health budget is provided by foreign donors (and 164 of each 1,000 live newborns don't make it to their first birthday).

In two dozen countries of the developing world, governments that have money to buy limousines for their ministers or generals spend less than \$5 per inhabitant on health per year. Hundreds of millions in Asia, Africa, and Latin America live under leaders whose budgets for health total less than \$12 per capita—the minimum fixed by the World Bank for essential health services.

GIVING A CHANCE AT LIFE

In recent decades, billions in public and private money have been spent to better children's chances for survival, and some of the keenest minds in medicine and science have toiled on vanquishing health dangers such as guinea worm and river blindness.

In Bangladesh, just one international donor, the World Bank, spent about \$197 million on health from 1991 to 1996. "We're getting somewhere," maintains WHO's Dr. Anton Fric of the agency's

child immunization program in Asia. "You can already see 90 percent of reductions in measles cases."

But the glass is achingly half-full and may not be getting fuller. WHO estimates that annually about 3 million newborns in the developing world die in the first week of life. Those who survive often face a brutal, short existences.

In the crowded hothouse that is Bangladesh, more than 40 percent of newborns weigh less than 5 pounds, 8 ounces, "low-weight" by international standards. In the low-lying land swept by floods and killer cyclones, malnutrition is so endemic that over the past 15 years, researchers found that the Bangladeshi, on average, has shrunk an inch in height.

Considering that cures for many of today's most lethal child killers are often cheaper than a pack of chewing gum, it is heartbreaking to witness how often young lives are forfeited, as happened in the scrubland of northwestern India. There a diarrhea epidemic recently broke out in the village of Haspurkalan, where 100 families scratch out a living by coaxing subsistence crops of wheat and millet from the sandy soil.

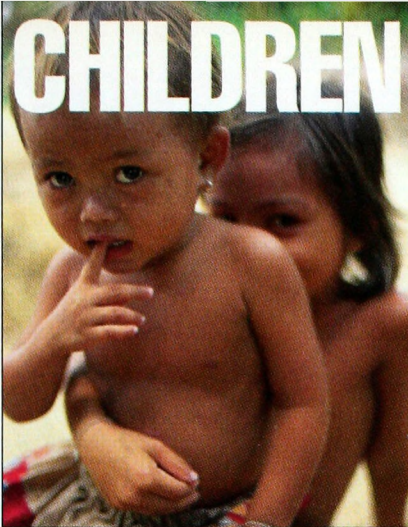
One day, 2-year-old Anju began vomiting and suffering diarrhea. Because of the flooding, her parents could not take her to the nearest hospital, five miles away. Early the next day, they did manage to get through to the hospital at Khairtal. The girl, dangerously dehydrated and depleted of nutrients, died soon after admission. ☉



TODD BARTEL / WORLD VISION

At a World Vision clinic in a shantytown in Lima, Peru, health promoter Edith Claudia de la Cruz Pizarro, 23, examines her cousin Cristina Romero Pizarro, 3, while Rubi Yaritza Torres Pizarro, 3, another cousin, looks on. World Vision provides training for Edith and other health workers.

Working to save



Since the 1990 United Nations World Summit for Children, malnutrition has been reduced, deaths from measles have plummeted by a reported 80 percent, and oral rehydration therapy is saving the lives of more than 1 million children with diarrhea each year. UNICEF estimates that because of generalized advances in public health, hygiene, and education worldwide, 2.5 million fewer children died last year than in 1990. But impressive as such progress is, it is uneven and notoriously fragile.

The fight against pneumonia, now the world's largest single killer of children, has fallen far behind the goals set at the 1990 summit, despite a low-cost strategy for administering antibiotics developed by the World Health Organization. Unless large-scale national programs are implemented, UNICEF now warns, in the 1990s, 30 million children younger than 5 will die of pneumonia—more than the combined infant populations of the United States and Canada.

WHO recently reported that, in poorer countries, 12.2 million children younger than 5, or more than five times the number of infants and preschoolers in California, die every year—in most cases, from easily preventable causes.

What can be done to help save more of these children?

1. Focus on widespread problems

Health measures sometimes fail to focus on the more serious problems facing people, tackling more visible problems instead. Take smallpox eradication, which *Newsweek* magazine in 1995 proposed as the greatest achievement of the United Nations in its half-century of existence. In addition to averting illness and saving lives, wiping out the acutely infectious virus has saved Americans \$1 billion in unnecessary doctor visits and shots, according to one printed estimate.

Yet in India, Dr. Debabar Banerji, founder of the Department of Community Health and Social Medicine at New Delhi's Jawaharlal Nehru University, claims money spent stamping out the virus in his country could have been better used to deal with more widespread problems: malnutrition, women's health woes, diarrhea. "Do you know how many people we had dying of smallpox? Three to four thousand [annually]," he says. "This is peanuts for us."

2. Rekindle interest and commitment to save children's lives

When UNICEF launched its Universal Child Immunization Program in 1985, it seemed like a can't-lose health issue.

Four years later, UNICEF announced that more than 100 million children younger than 1, or a global average of 80 percent of newborns, had been inoculated against six highly contagious diseases: measles, diphtheria, whooping cough, tetanus, polio, and tuberculosis. And today, UNICEF says, the lives of 3 million boys and girls are being saved every year.

But some groups report, after a peak reached at the beginning of the decade, immunization levels are falling in some countries and funding is drying up. Universal immunization was like reaching the moon: Once the job was done, commitment waned and many donors lost interest.

3. Consider local conditions

Often the best wishes and plans of outsiders have been doomed because somebody failed to take into account local conditions or beliefs. In 1990-93, UNICEF paid to build sturdy, telephone-booth-like latrines of brick and concrete in its "model" village of Basra in the Indian state of Rajasthan. The outhouses were meant to improve hygiene. But villagers use them mostly to store dried cow-dung cakes used for fuel. As before, most villagers simply prefer to use their fields as latrines.

In 1995, relief agencies installed water pumps along the arid northern frontier of Kenya. Clean water is the greatest need of the nomadic Samburu people there. But the young moran, or warriors, have taken a liking to decorating their walking sticks with nuts and bolts. The unplanned result: many dismantled pumps.

4. Developing countries must bear more responsibility

Many developing countries seeking reasons for their high child illness and death rates can find answers close to home, if they have the courage and honesty to look.

"For spending their money on a lot of useless things like arms, I blame Third-World countries for creating havoc," said Dr. Demissie Habte, an Ethiopian pediatrician who heads the International Cen-

ter for Diarrheal Disease Research in Bangladesh.

Kenya, independent and stable since 1963, is home to one of East Africa's most educated populations and hopeful economies. But Health Minister Joshua Angatia concedes his department is filled with "saboteurs and thieves." In 1995, patients in public hospitals were being left to die because government health workers had looted at least \$13 million in medicines and supplies for resale. Widespread corruption in public works denies tens of thousands of families clean water. East of Nairobi, the capital, an epidemic of dysentery, a disease spread by dirty water, recently killed 20 people.

In India, now in the seventh year of market-oriented economic reforms, consumers with disposable rupees have more choices than ever: Coca-Cola, Pepsi, and local bubbly drinks like Thums Up, for example. But 43 percent of the people, or more than 387 million men, women, and children, still don't have access to clean water, a fundamental requirement for good health.

Health activists also fiercely criticize India's doctors and pharmaceutical companies. Instead of promoting cheap, homemade varieties of oral rehydration solution, like a gruel made from rice, the health industry sells an estimated \$7.6 million worth of sachets of electrolytic powder. Meanwhile, diarrheal diseases kill 700,000 children in India each year.

5. Be Patient

Saving and prolonging children's lives in Asia, Africa, and the Americas takes not only large sums of money and medical savvy but also courage and stamina.

Southern Sudan, for instance, has been embroiled in civil war for 31 of its 41 years of independence. In an expanse the size of Britain and Germany combined, there are six miles of paved road. Relief workers roam this African country hiding from bandits and looking for breaks in the fighting to bring medicine, food, and other aid to civilians. Despite such conditions, World Vision and other relief organizations have provided health care to hundreds of thousands of children there—a heroic effort. Still, few of those children have been vaccinated against measles.

In such difficult areas of the world, health workers must take a long-term view of saving lives. Meanwhile, modern-day Albert Schweitzers braving disease and discomfort to save boys and girls in the remotest reaches of the developing world are one of many reasons not to give up hope. ☉

Adapted from a Los Angeles Times article by Juanita Darling and John-Thor Dahlburg

GLOBAL DISEASES:

Declining Dangers, Emerging Threats

BY BRUCE BRANDER

As diseases that long plagued humankind yield to vaccines, treatment, and improved nutrition and sanitation, others once believed defeated are returning with virulent force. Meanwhile, shocking new ailments are appearing, some threatening populations around the world. Following is a global update on waning dangers and new threats:

An elderly woman at the Danang Leprosy Village in Vietnam lives with other patients in isolation and loneliness. Treatment for the ancient scourge promises to eliminate it as a public health threat by the year 2000.



AIDS: For the more than 28 million people worldwide infected with the HIV virus that causes AIDS, the disease is a sentence of death. Over 6 million already have died. Combination drug therapy costs as much as \$20,000 a year. Ninety percent of AIDS victims live in the developing world. AIDS leaves a wake of socioeconomic problems, including 9 million orphans to date.

CHILDHOOD DISEASES: In wealthy countries, childhood ailments usually mean no more than a few days out of school and a dose of antibiotics. Among malnourished youngsters living with poor sanitation, they become mass killers. Some 2.4 million children under 5 die of common childhood disease each year. Cures often are cheaper than a candy bar.

■ **DIPHTHERIA**, preventable with vaccine and curable, can kill if left untreated. When an epidemic galloped across the former Soviet Union in 1995, Dr. Jo Asvall, European director for the World Health Organization (WHO), declared, "This is the biggest public health threat in Europe since World War II."

■ **MEASLES**, one of the world's top-10 child killers, is dreaded in Asia, Africa, and Latin America, taking the lives of well over 1 million youngsters yearly. In the United States, the red-spotted sickness was almost extinct by 1983, though recent neglect of vaccination worries health officials.

■ **PERTUSSIS**—or whooping cough—ranks high among child killers. A vaccine-resistant strain might be emerging.

■ **NEONATAL TETANUS** ends the lives of about 500,000 babies each year. With immunization programs, deaths from tetanus could cease by the year 2000.

■ **POLIO**, or infantile paralysis, is nearly eradicated. The last case in the United States occurred in 1979, while the final documented case in the Americas struck a 3-year-old boy in Peru in 1991. Health officials credit an aggressive \$540-million immunization campaign launched in 1985. Today about 120,000 people in the world's poorest and least politically stable areas are stricken by polio each year. WHO officials hope the disease will be eliminated globally by the year 2000.

CHOLERA: A name applied to a variety of acute diarrheal diseases, cholera usually comes from contaminated water or food. It kills within hours. Arising in developing countries where sanitation is inadequate, cholera epidemics in recent years have swept Africa and Latin America, the latter for the first time in more than a century. In mid-1994, the disease struck southern Russia. It killed as many as 50,000 people in camps for displaced people from Rwanda following the African country's tribal slaughter.

DENGUE FEVER: Called "the epidemic waiting to happen," mosquito-borne dengue hemorrhagic fever is endemic in Africa, Asia, and the Caribbean.

MEDICINE VS. MICROBES

In the 1950s, the World Health Organization (WHO) optimistically set about to eradicate virtually all infectious diseases. With vaccines and new wonder drugs, success seemed only a matter of time.

Since then modern medicine has enjoyed many triumphs. Vaccination vanquished the onetime global curse of smallpox, a hospital cook in Somalia becoming its final fatality in 1977. Also greatly weakened are diphtheria, leprosy, malaria, polio, and tetanus. Recently the United Nations Children's Fund said the child death rate from preventable diseases, such as dysentery and diarrhea, dropped from 5 million in 1990 to about 2.5 million today.

Yet full success against infectious diseases no longer is expected. As old diseases once fading mutate and develop resistance to medicines, they reemerge. New ailments flare up. And half a century after the medical breakthrough of penicillin, many microbes are resistant to antibiotics. Now the question among humbled medical researchers is not, "When will infectious disease be wiped out?" but, "Where will the next epidemic appear?"

While medical researchers and drug companies should not become complacent about headline ailments like AIDS and Ebola, their energies are needed more to prevent and treat common killers. Also in the modern global village it behooves rich nations to help poorer ones overcome health problems. Presently 85 percent of the world's available medicines go to about 15 percent of the global population.

Little private research is conducted on rapidly spreading tropical diseases because pharmaceutical companies cannot profit from developing drugs for people who cannot afford them.

At least 40 percent of the estimated 50 million annual deaths worldwide can be prevented by improved health systems, drugs, vaccines, and healthier lifestyle, says WHO. Meanwhile, scientists hope to regain the upper hand against infectious diseases by developing new vaccines to prevent them and new drugs that attack the resistance of evolved germs, leaving them again susceptible to antibiotics. They realize now that no strategy will work permanently. Microbe mutations will continue to neutralize medicine's weapons, and drug companies will have to keep adding to their arsenal.

Meanwhile, DNA research soon might deliver radically new, cheap, safe, and effective vaccines against almost any disease. Farther out, scientists expect the Human Genome Project—a genetic mapping of the human body—to be completed by 2005. This will enable researchers to design new wonder drugs. "Almost no human disease will be untouched by that knowledge," says Dr. Bernadine Healy, former director of the National Institutes of Health.

Controlling the spread of new strains of antibiotic-resistant bacteria is a crucial public health challenge for the next century. A study funded by the U.S. National Academy of Sciences calls for increased surveillance of newly emerging diseases, development of tests to quickly identify pathogens, and cooperation on both national and international levels.

It causes bleeding of mucous membrane in the skin and abdomen, as well as aches, rash, vomiting, and fever. Since 1970, its epidemics have spread from nine countries to 38, where it afflicts tens of millions of people annually. Many areas, including Australia, Brazil, and Venezuela, recently suffered their first epidemics of the disease. The disease also has appeared in the southern United States.

DIARRHEAL DISEASES: Second among the top ten killers, they are responsible for some 3 million deaths among children every year. Contaminated water, used by half the world's people, is a leading cause. Preventing the sunken-eyed coma of dehydration that marks these ailments requires only an oral rehydration solution simply prepared at home from glucose, salt, and water. Clean water prevents the ailments.

EMERGING DISEASES: Most unfamiliar pathogens cropping up are not really new but newly emerged. Some

spread as settlers and commercial interests invade previously remote lands. Spotlighted in the media for frightening virulence, these ailments remain rare, though threatening. Modern transportation, carrying more than 500 million international travelers annually, places all diseases a day away from anywhere in a global village for microbes as well as for humanity.

■ **EBOLA**, named for a river in north Zaire where it probably originated, quickly kills more than 90 percent of people infected. It is untreatable. Ebola virus is transmitted by body fluids, but researchers fear a mutation that could travel through the air.

■ **HANTAVIRUS** emerged in the United States in 1993 and killed 45 people—nearly half those infected—in 20 states. Mice in fields, barns, and homes transmit the virus.

■ **OTHER EMERGING AILMENTS** include Lyme disease; Legionnaires' disease; Africa's rodent-borne and lethal Lassa fever; Sabiá, rocío, and Oropouche from Brazil; junin from Argentina; Machupo, also from South America; Chagas disease affecting as many as 18 million people from Argentina to Mexico; Hantaan from Korea; Kyasanur Forest disease from India; o'nyongnyong in Uganda.

■ **FOOD ILLNESSES** find new opportunities with modern distribution and consumption. In the 1950s, the average U.S. grocery store stocked 300 mostly domestic items. Today stores stock between 30,000 and 50,000 items from all over the globe. Food ailments can spread widely and be hard to trace. Recent outbreaks of *Escherichia coli* 0157:H7—or *E. coli*—first noticed in 1982, stemmed from mass distribution of fast-food hamburgers and apple juice. *E. coli* outbreaks are increasing in Australia, Africa, Europe, Japan, and the United States.

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■ **GUINEA WORM:** Victims of guinea worm ingest its larvae when they drink murky water. A year later, one or more white, threadlike, parasitic worms, some three feet long, poke through the flesh for a month-long departure from the body. Farmers lie disabled, grown men weep with pain, and a few victims die. Once worldwide, guinea worm now is confined to India, Pakistan, and 16 countries across equatorial Africa and is close to being eradicated.

■ **LEPROSY:** The biblical scourge of leprosy afflicts 55 million people worldwide, 6,000 in the United States—half the number of a decade ago. Multidrug therapy cures leprosy, also known as Hansen's disease, within two years and could eliminate it as a public health threat by the year 2000.

■ **MALARIA:** Among the top 10 killer diseases, malaria takes the lives of 2 to 3 million people every year in 91 countries. The mosquito-borne parasitic disease threatens about 40 percent of the world's population. Once common in the United States, it was virtually eliminated by the 1930s. In 1955 WHO declared the disease soon would be extinct worldwide—a goal abandoned in 1969. Today WHO calls the mosquito "public health enemy number one" and malaria persists as the world's most prevalent disease. As anti-malarial drugs lose effectiveness, almost a dozen vaccines are under development.

■ **MICRONUTRIENT DEFICIENCIES:** A World Bank estimate says deficiencies in food components that the human body needs in minute quantities cause 20,000 deaths per year for every 50 million people in South Asia. A high toll persists around the world.

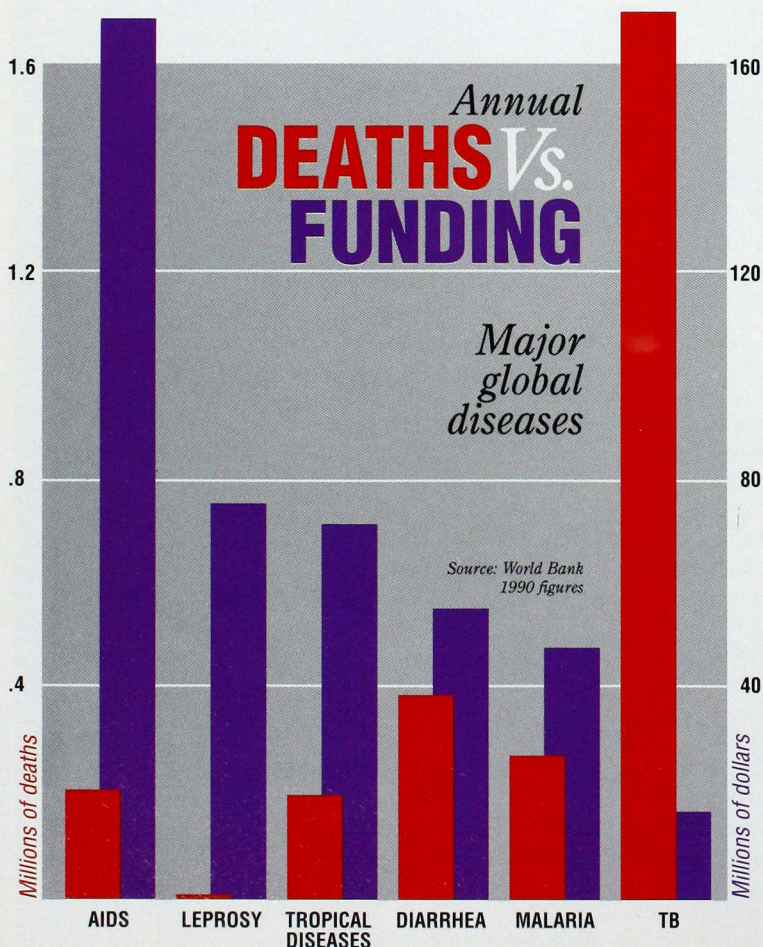
■ **LACK OF IODINE**, found in seafood and seaweed, can cause an enlargement of the thyroid gland known as goiter. It also causes brain damage and other abnormalities collectively known as cretinism. Iodine deficiency affects 118 countries.

■ **TOO LITTLE IRON** leads to anemia, which afflicts 1.2 billion people, killing mothers and children in poor countries.

■ **VITAMIN A**, from fruit, vegetables, and liver, is vital for good eyesight and strong immune system. Deficiency causes blindness in as many as 200,000 children annually and many deaths among Asians and sub-Saharan Africans.

Fortification of foods in prosperous countries helped wipe out many deficiency diseases long ago. Three 30-cent capsules of iodine per year can prevent deficiency. Studies of vitamin A supplement programs around the world show lives and vision saved by capsules costing 50 cents per person per year. Saving doses of iron for anemia also come in inexpensive capsules.

■ **PLAGUE:** Bubonic and pneumonic plague, the Black Death that wiped out nearly one-third of Europe's population in the 14th century, reappears periodically. In 1994 it struck the city of Surat in western India. In the western half of the United States, the incidence of the disease in humans has increased significantly since the 1960s. Chances of plague being eradicated, says Dr. Ken Gage of the Centers for Disease Control in Atlanta, Ga., are "absolutely zero."



HOW WORLD VISION HELPS

World Vision's global health care program, accepting that poverty is the biggest of all killers, seeks out the neediest, most neglected, marginalized, and vulnerable of the world's people. The agency's health workers strive to promote a balance of physical, mental, spiritual, social, and economic well-being of people living in harmony with God, other people, and the natural environment. Key elements of World Vision's health care are: immunization, nutrition, clean water, sanitation, safe child-bearing, training of health workers, community education, and treatment of illness. Some of the agency's specific efforts:

■ AIDS education in all projects is combined with home care of patients, care for children and other survivors, and pastoral counselling.

■ Childhood diseases are prevented as World Vision in Africa, Asia, and Latin America joins global efforts immunizing eight out of every 10 children against childhood's five major killer diseases. The agency also contributed to a 25 percent fall in infant mortality since 1990.

■ Dengue fever is prevented by education and treated in care facilities.

■ Diarrheal diseases are alleviat-

ed as health care professionals teach community health workers and families to mix and administer oral rehydration solution, now widely available in packets. This, combined with new sources of clean water, saves many young lives.

■ When Ebola disease in Kikwit, Zaire, infected two-thirds of doctors and nurses treating patients in four hospitals, World Vision staff flew into the danger zone with much-needed protective clothing for medical workers.

■ Guinea worm disease is being eradicated by World Vision and other humanitarian agencies through education and clean water programs.

■ Malaria is prevented as World Vision staff work with villagers to keep grounds and houses clean and move domestic animals away from residences. The agency maintains malaria education, control, and treatment programs. It also helps people around the globe avoid malaria by distributing mosquito nets impregnated with insecticide to hang over beds.

■ Micronutrient deficiencies are readily overcome as World Vision distributes nutritional supplements among project beneficiaries.

■ River blindness is yielding as World Vision and other humanitarian groups distribute the Merck & Co. donated drug ivermectin to victims of its parasitic microworms.

■ Tuberculosis victims see higher rates of cure as World Vision, following a WHO plan, trains health workers to directly observe daily drug treatment.

■ World Vision treats not only physical aspects of health emphasized by modern science but also the neglected social and mental factors of well-being. Finally, World Vision emphasizes a fourth dimension of health, the spiritual aspect. "It is in this forgotten area that Christian organizations such as World Vision can play an outstanding role," says Dr. Eric Ram, the agency's director of international health.

Since the end of World War II, the proportion of children in the developing world dying before their fifth birthday has plunged from 300 per 1,000 live births to about 100 (compared to 10 per 1,000 in the United States). Lately, with aid to developing countries diminishing, evidence suggests these gains are slowing down and in some areas going in reverse. Each year, WHO reports, more than 12 million children younger than 5 die, most from preventable causes. That's one death every five seconds. The annual total equals the entire populations of Norway and Sweden.

In most cases, a few cents could save these lives. To contribute to World Vision's medical efforts, please see the envelope inserted in the center of this magazine.

RESPIRATORY INFECTIONS: Acute respiratory infections, mainly pneumonia, rank second after heart disease among the top 10 killer ailments worldwide. They end the lives of as many as 7 million people, mostly children, every year. Most fatalities can be prevented by better nutrition and low-cost antibiotics.

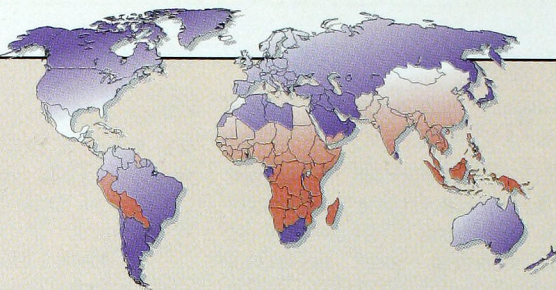
RIVER BLINDNESS: About 20 million people in 34 countries in Africa and Latin America are infected. Blackflies living along fast-flowing rivers transmit larvae of parasitic microworms that migrate through the skin, causing severe itching and, frequently, blindness. Since 1988, the U.S. pharmaceutical manufacturer, Merck & Co., has been donating the drug ivermectin to WHO for treatment. The disease might be virtually eradicated by the year 2000.

SLEEPING SICKNESS: While Ebola killed 244 known victims in Zaire in 1995, sleeping sickness killed 200,000 there the same year. A parasitic disease transmitted by the tsetse fly, it brings on fever, fatigue, convulsions, coma, and inevitable death. Coming under control in the 1950s, it is raging anew today. The only treatment is highly toxic drugs given in hospitals.

TUBERCULOSIS: In late 18th century Europe, TB killed perhaps one in five people. The 1940s brought antibiotics and the spread of health-care systems, robbing the illness of its age-old terror in rich countries. Since the 1980s, TB has returned with frightening force, threatening more people than all other infectious diseases combined. As early as 1990, tuberculosis was responsible for 2.5 million deaths. Medical experts predict the figure will near 4 million by 2005. A six-month treatment with three antibiotics is inexpensive and effective if followed faithfully. A vaccine providing good protection for children is 70 percent effective for adults.

YELLOW FEVER: An incurable disease that terrorized American and European seaports in the 18th and 19th centuries, yellow fever was almost wiped out by vaccines developed in the 1930s. It has reappeared in Africa and Latin America, carried by *Aedes aegypti* mosquitoes. In the 1990s the number of cases grew from a few hundred to many thousands. A single, inexpensive inoculation providing lasting protection could be added to an immunization package given to 80 percent of the world's children to protect them against diphtheria, measles, polio, tetanus, TB, and whooping cough. ☉

WORLD VISION NEWS



U.S. TOPS LIST FOR CHILD POVERTY

Child poverty is more widespread in the United States than in any other developed country, the Maryland-based humanitarian agency Bread for the World reports.

More than 21 percent of all U.S. children—an estimated 13.6 million—are living below or on the verge of the accepted poverty level. Australia has the next highest figure, at 14.1 percent, with Canada third at 13.5 percent. These numbers stand in contrast to those of Denmark, Sweden, and Switzerland, with child poverty levels near 3 percent. Finland has the lowest rate, estimated at 2.5 percent.

The report also notes that the U.S. government does less than other governments in the industrialized world to help children out of poverty. Government assistance and benefits reduce U.S. poverty levels by 15 percent. In Ireland the corresponding figure is 60 percent, and in France 72 percent.

World Vision assists needy children and their families in the United States through several projects. Its LOVE for Children program, working with local churches of all denominations, last year distributed donated goods and services to more than 15,000 families in 10 states. LOVE INC, also working through churches, assists more than 60,000 families and nearly 100,000 children each year.

EMPLOYEE CAMPAIGN SEEKS \$75,000

An annual campaign is seeking to raise \$75,000 from employees at World Vision's headquarters in Federal Way, Wash. The money will go to help abandoned and orphaned children in the Eastern European country of Romania.

World Vision workers raise the money from each other. Some sell bakery, pizza, full meals, and handmade jewelry and greeting cards. Others offer for sale T-shirts, computer mouse pads, and photographic services. A marathon bike ride in 1996 raised more than \$16,000. Many employees offer monthly payroll deductions.

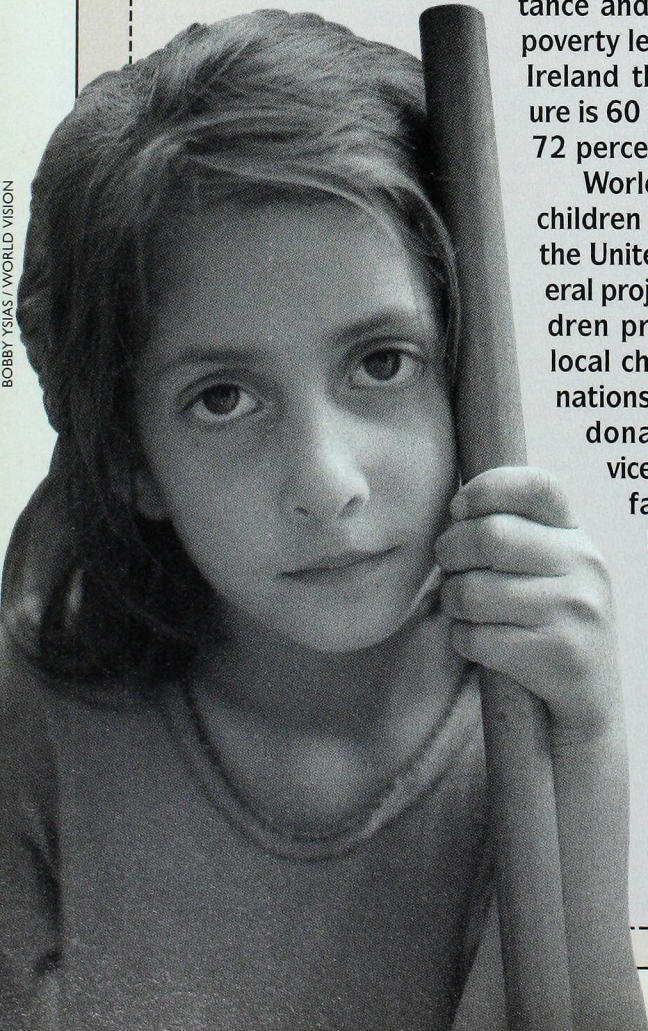
The employees' campaign is an annual event now in its 12th year. For each campaign, World Vision workers choose a country for their contributions. Past fund drives aided work in Bangladesh, Bosnia, Cambodia, Ethiopia, Mali, Mexico, and the United States.

LOANS HELP WOMEN SET UP BUSINESSES

If women are given opportunities, they can cooperate with their husbands in changing their family's economic situation," says Golap Banu, president of a village-level savings and loan society in the east Asian country of Bangladesh that is helping 1,600 once-destitute women rise out of poverty.

The society, sponsored by World Vision's Baridhara Family Development project near the capital city, Dhaka, provides low-interest loans to women entrepreneurs. Financing as high as \$1,000 has been used to set up grocery shops, purchase sewing machines and rickshaws, and build houses. As the loans are repaid, the money is recirculated in further loans.

Golap Banu, herself a borrower,



WV YOUTH AMBASSADORS BEGIN TOUR

The third annual World Vision Youth Ambassadors tour will include the United States, Guatemala, Taiwan, and Japan through the summer months.

Young vocalists and musicians from 50 countries will come together under Czech music director Jirka Kratochvil in Los Angeles on June 16 for five weeks of training. During a concert tour, they will carry the theme of family values and global reconciliation to audiences, student groups, and community and government officials.

As they travel, they will hold mutual information dialogues with national leaders. They also will join community service projects with gang members, police departments, and youth at risk of delinquency, telling of their experiences of living and working closely in their global community. In the United States, they will perform at several sites in the Los Angeles area and at Nashville, Tenn.

For more information call (818) 303-8811, ext. 7932.

received with her loans business training in sewing, midwifery, and poultry-raising. She also sought out World Vision adult education. "I now can read

A woman of Bangladesh earns family income through a World Vision revolving loan.



and write," she says. "Also my son, Mahbubur Rahman, is now studying with the help of World Vision."

The revolving loan society is part of a global World Vision microenterprise program that helps people to self-sufficiency in Asia, Africa, and Latin America.

NORTH KOREA NEEDS FOOD TO AVERT 1997 FAMINE

North Korea will need about 2.5 million metric tons of food to avert famine in 1997, according to the United Nations World Food Program.

Severe hailstorms in 1994 followed by heavy flooding in 1995 and

1996 devastated agriculture in the nation of 22.6 million people. Last October's harvest was hardly half the normal size, leaving much of the population on severely reduced rations. Food shortages were expected to grow especially critical between March and next October's harvest.

World Vision began sending relief food to North Korea in early 1995. Since then the agency has committed more than \$3 million from private donations and gifts in kind to the relief effort there.

VOLUNTEER TUTORS JOIN WV PROGRAM

World Vision's KidREACH tutoring program will boost initiative and grades for 1,000 elementary and high school students in the greater Seattle area during 1997.

The program began in 1991 to help children at risk of failing in school by linking them with volunteer tutors from churches, businesses, and universities. The volunteers donate at least one evening each week to tutor and mentor the youngsters. KidREACH works at 38 centers in the Seattle-Tacoma area. Six hundred volunteers contribute 30,000 hours of tutoring each year.

Organized by six full-time workers, the program is funded with \$285,000 annually from corporations, foundations, and private donors. The money is

used for teaching aids and recruitment, screening, and training of volunteer tutors. The value of the volunteers' contributed hours is \$360,000.

The KidREACH program is especially active among people recently arrived from other countries. "The immigrant communities have their arms wide open saying, 'please help us,'" says Sally Leist, director of resources development at World Vision's office in Federal Way, Wash. Leist raises money among foundations and corporations for the centers as well as volunteers her own time as a tutor.

A donor or group can adopt a tutoring site for 15 to 25 children for \$6,900, which pays for enlisting volunteers and developing curriculum. A contributor also can sponsor a single child's tutoring costs at \$350 per school year. For information, call Sally Leist at (206) 815-2356.

Gail Okiyama (right) tutors Belinda Scarberry, 11, in World Vision's KidREACH program at Calvary Evangelical Free Church in Renton, Wash.





ZIMBABWE



A mobile medical team supported by World Vision visits the people of Zengeza Point Village in the East African country of Tanzania. A hot, dry climate and hilly terrain in the region 35 miles northwest of the capital city, Harare, leaves other medical care beyond the reach of many local people, who live by subsis-

tence farming and gold panning. World Vision maintains many medical clinics in Africa, Asia, and Latin America. Though most provide curative health care, they emphasize preventive education and treatment. Expectant mothers receive pre-natal counseling. Parents are trained in sanitation, nutrition, and prevention of common illnesses. Children are weighed and measured for

malnutrition and vaccinated against measles and other childhood diseases, which often are fatal in developing countries.

World Vision has operated special mobile clinics to reach remote regions in Brazil, Kenya, and Mauritania, as well as Zimbabwe.

Photo: Ken Duncan/World Vision

Fatimatou, a resident of the town of Gao, gazes fondly at one of her three children. A World Vision child survival project offers health education for mothers and immunizations and health monitoring for children of the region.

Beyond Timbuktu:

PREACHING GOOD HEALTH

World Vision would like to assist Fatimatou. A former nomad, she lives as a squatter in the town of Gao in the West African country of Mali, a parched nation almost twice the size of Texas.

With many of her people in the far north, she was forced off grazing land by the southward advance of the Sahara Desert.

Fatimatou sees no reason to visit World Vision's community health center just down the sandy street from her small, round hut of cardboard, straw, rags, and other scrap materials. She does not understand the causes of sickness or how they can be averted. As a consequence, her three children face constant danger from a deadly array of diseases.

All the children in the region face dangers little known to youngsters in developed countries. Somewhat more than one in five of all boys and girls in Mali do not live to see their fifth birthday. Many die of ailments that would be easy to prevent or simple to cure if only the children received treatment.

All the children ... face dangers little known to youngsters in developed countries.



In Gao, almost lost in the Sahara Desert some 190 miles east of the legendary, now crumbling city of Timbuktu, youngsters commonly perish because parents lack an understanding of how modern medicine can help them. In the countryside around the town, things often have been worse.

In the early 1990s, rebel desert warriors of the Tuareg tribe clashed with troops of Mali's army, and government health workers fled from vaccination centers and medical dispensaries. Until a recent peace treaty, children there were dying for lack of any available treatment.

LIFE HARD

In all the Gao area life is unbelievably hard. Temperatures rocket as high as 145 degrees Fahrenheit from March to May. Rarely is the searing air cooler than 90 degrees. For five months sand storms appear, sweeping in like great tan walls to rake the terrain with gritty blizzards.

Most people are wretchedly poor. With unemployment running about 80 percent, many families are unable to feed their children adequately and malnutrition is commonplace.

Sanitation is almost nonexistent. So are latrines. Access to clean water is a luxury. With the milky-brown Niger River coursing through the region, mosquitoes swarm everywhere and malaria claims many lives each year.

World Vision came to Mali in 1975. Desertification and recurring droughts had killed many of the flocks of goats and camels that sustain desert nomads. One siege of dryness wiped out half of all children under 18 months of age. World Vision joined other humanitarian agencies and churches to provide food and health care for needy families. Over the years, its workers have helped local people develop clean water sources and irrigate fields for rice, millet, and vegetables.

Now World Vision would like to reach Fatimatou and her three children. Her 9-month-old son often suffers diarrhea from dirty water, dirty conditions in general. She does not know that a simple preparation of salt, sugar, and water can alleviate the illness, even save his life if he slips toward the coma of severe dehydration.

Measles and other common childhood diseases can kill malnourished children. She does not understand the value of vaccinations.

She is anxious that her children might be stricken with the fever and chills of malaria, which runs rampant in the region. She does not know that mosquitoes spread the ailment and that sleeping under a net, which World Vision

can provide, greatly reduces the risk.

Will Fatimatou ever walk down the street to the agency's health center? Perhaps not. Wariness of the unknown is strong in all of us.

WORKERS NOT DISCOURAGED

Yet World Vision workers in Gao are not discouraged. "Education is saving the lives of many women and children here in Mali," says Salamata Sidi Toure, supervisor of the health center. Salamata works with almost 100 women a day, all mothers who bring in their children for monthly growth monitoring to detect early signs of malnutrition. The mothers also learn to protect their sons and daughters from many of the deadly diseases that cut down little ones.

"Mothers now know what to do immediately when, for example, a child has diarrhea," explains Salamata. "They can prepare the simple solution to avoid the dehydration that often causes death. And they know to bring their children to the dispensary if any illness persists. Before, they often waited until it was too late."

Working among people who have little or no formal education, World Vision's Child Survival project provides health-related services to more than 22,000 children in Gao and other parts of Mali. The agency operates six Community Development Centers in Gao and 23 elsewhere in the country.

Zambia Yehia, 25, credits her children's good health to important lessons

she learned at Salamata's center. "Before I came here," says Zambia, a gentle, timid woman, "I didn't even know that there were vaccinations against diseases. Here I learned about the importance of immunizing my children and much more. Now I know how to prepare nutritious food, how to treat diarrhea, and how to help the children when they are ill.

"On top of all that, I've learned how to knit," adds Zambia, pointing proudly to her daughter's woolen hat and slippers, which she made in a class offered at the center. Many children suffer from lack of warm clothing during the Sahara's short cool season. Some contract severe respiratory infections, which also can prove fatal.

PREVENTIVE CARE VITAL

Preventive health care is critical in Mali. In a single year, 51 percent of the children registered in the centers suffered moderate to serious malnutrition. World Vision was able to help them survive. Zambia's daughter, Aissata, is progressing normally because her mother learned how to prepare nutritious food on her sharply limited income.

"In the mid-80s, a measles epidemic in Gao killed many children," says World Vision project worker Yousouf Abdou-nahmane. "Now we only see the rare case. Education combined with immunization made the difference."

After the children are weighed for growth monitoring, their vaccination cards are checked to make sure they are

"Education is saving lives," says Salamata Sidi Toure (left), supervisor of a World Vision health center in Gao, who works with almost 100 women and their children each day. Zambia Yehia (right), 25, credits the center with her children's good health.



up to date. Mothers then stay for a 30-minute class on topics such as hygiene and disease prevention. The seminars are taught in the two local tribal languages, Sonrai and Tamachek.

About 20 pregnant women also come to Salamata's center each Friday morning for prenatal examinations by qualified government health staff. The average Malian girl is married by the time she is 16 years old and delivers her first child soon after. Mali has one of the highest infant mortality rates in the world and a soaring death rate for mothers. The incidence of mortality for both mothers and babies has dropped significantly among women who visit the World Vision centers.

The prenatal check-ups are followed by a seminar for the mothers-to-be. Practical counsel includes telling the women to avoid heavy labor, such as chopping wood or hauling weighty buckets of water, whenever possible. Many local women don't realize this can be harmful in the final months of pregnancy. Following this advice is sometimes difficult, since in Mali women bear much of the family's workload. However, Salamata reports, husbands are beginning to openly assist their wives with household tasks during pregnancy.

SHARING WISDOM

Lala Maiga, the mother of 9-month-old twins, says she is certain the pre-natal care she received contributed to her safe, healthy delivery. Lala shares her newfound wisdom with family and neighbors.

Mama, Lala's younger sister, says, "I am not married yet but when I have a family I will bring my children to the center. The children who come here, like my niece and nephew, are clearly healthier than those who don't."

Seeing attitudes change—albeit slowly—encourages World Vision workers like Salamata and her colleagues to persist in preaching their message of good health. "I met a woman on the street last year whose son was severely malnourished," recalls Salamata. "I thought he might die. I encouraged her to come to the center. Today that boy is alive and healthy because of the advice we gave."

Perhaps with evidence like this, if the word continues getting around, Fatimatou might someday appear with her three children after all. And perhaps she won't even have to walk down the street. Recently, project workers began mobile growth monitoring clinics for children and home health classes for mothers to assist even more people in the region beyond Timbuktu. 🌐

Karen Homer is a World Vision journalist based in Dakar, Senegal.

Profile #3

THE POWER OF ONE



"I see my World Vision Gift Annuity as a rewarding investment in helping humanity while also providing me with the financial security I need."

Gwen Bradley

For over forty years Gwen Bradley has supported the mission of World Vision through world-wide child sponsorships. And, she has seen first hand the remarkable achievement of their programs.

"I want to continue to help in the outreach to children. The World Vision Gift Annuity provides a welcome supplement to my social security and retirement income. And the annuity operates very efficiently.

Most important to me is that my lifetime earnings can be used to nourish others in both body and soul. I can't imagine a more rewarding investment!"



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1 John 3:18

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FWV697

WELFARE REFORM:

HOW THE CHURCH CAN HELP

BY MARK PUBLLOW

Welfare recipients in the United States already are feeling the effects of changes in the welfare system passed by Congress and signed into law last August by President Bill Clinton. As the law presently stands, many people will lose benefits. At the same time, they will not have increased opportunities for jobs or adequate child care. The new law threatens to push more than 2 million people—half of them children—into poverty.

Soon the effects will ripple outward to an ever-widening ring of individuals, families, and communities. This calls for a response from business, the church, and the general public. While the government should not be absolved from responsibility for the poor among us, the community at large must become more involved.

For the church, welfare cuts present a challenge to which it is particularly well suited: to build relationships. While churches will see demands increase on their food pantries, day care centers, and benevolence funds, personal relationships are the vital key to moving people from dependency to self-sufficiency, no matter what the consequences of the new welfare system.

This is where the former system fell short. Social service agencies in general do not have enough time for the people they serve. The average WIC (Women, Infants, Children) officer sees nine clients every hour. While overhaul of the system must address the allocation of resources, neither increasing nor decreasing welfare funds and staff is a complete answer.

The church is the institution best equipped to provide the missing element: caring relationships that restore hope and draw welfare families into the productive community. Some churches and church-based coalitions already are demonstrating models of hope in their assistance programs.



Janet Irick, a volunteer at The Mantle, a South Chicago child and family community center, leads Jasmine (left), 4, and Jacqueline, 2, in play and art activities while their mother attends a class in English.

The Interfaith Housing Coalition in Dallas, Texas, offers job placement, living skills, budgeting information, and three months of transitional housing, assisting 100 families each year to leave the welfare rolls. At Seattle's University Presbyterian Church, Project Fare-Well has volunteers who meet biweekly with families to help them move off welfare.

Most heads of welfare families will be required to go to work within a year or two. Some of them have never held a job. Churches can help prepare them for employment, offering training in literacy, basic workplace etiquette, and other skills. Church members and groups can set up networks for job information, develop plans for small businesses, and offer good and safe child care for single working parents.

About half of the welfare cuts target immigrants. Many of them are eligible for naturalization, including hundreds of thousands of legal immigrants who have worked and paid taxes in the United States for decades. Volunteers can help legal immigrants—especially the aged and disabled—gain citizenship and thus be entitled to the assistance they need.

Church-based neighborhood centers can serve as sanctuaries in areas endangered by drugs and violence. They can provide tutoring, mentoring, even programs to reclaim addicts from drugs and alcohol.

Faith-based programs in general are remarkably effective. Victory Fellowship drug recovery program and Teen Challenge, which deals with alcohol addiction, show success rates of 70 to 80 percent—this, compared to secular drug treatment programs with success rates of about 10 percent.

Care circles are another effective means of helping families build independence. Each circle consists of a group within a congregation coming together around a particular family in crisis. Its role is not to provide material support but to come alongside the family and help them understand and address the issues they are struggling with. As the care circle develops relationships, it helps the struggling family walk through challenges—often with small steps—and see positive results. A family that has known little more than failure and hopelessness gains a sense of success that encourages further successes.

Churches also can take on the role of advocates for the poor. In the welfare bill, Congress cut \$54 billion over five years. That's almost \$11 billion per year, which equals all the private donations raised for the poor by United Way, the Salvation Army, Catholic Charities, Lutheran Social Services, and the Jewish Federation combined. Churches alone cannot be expected to compensate for all the cuts in welfare. But their members can join state



BILL BILSLEY / WORLD VISION

and national advocacy networks to restore some of the cuts to the food program and apportion what remains of welfare most effectively.

World Vision, recognizing that virtually all American churches maintain programs to assist people in need, is helping engage, equip, and mobilize the Christian community. Its LOVE for Children program, working with local churches of all denominations, last year distributed donated goods and services to more than 15,000 families in 10 states. Through its LOVE INC (Love in the Name of Christ) program, more than 100 affiliates throughout the United States serve as clearinghouses for local churches, linking people in need with congregations and volunteers best able to help meet particular needs for food, clothing, transportation, housing, and training.

How we treat "the least of these" among us always will be a prime spiritual issue among Christians. I am encouraged about the church's role in helping meet the challenges of welfare reform, because I've seen so many churches become agents of reconciliation and transformation, shining forth as beacons of hope in their communities. That's why World Vision is eager to join hands with churches everywhere to fulfill the biblical imperative of compassion for God's hurting children. 🌐

Mark Publou is vice president of World Vision's U.S. Field Operations.

NEXT TO THE LAST WORD

Last fall, you received a readership questionnaire enclosed in the magazine. More recently, thousands of you received a second questionnaire in the mail. Our thanks to the many who responded.

Here are some of our findings:

- Our readership breaks almost evenly between men and women.
- Most readers are between 35 and 54 years of age, although readership shoots up again after 65.
- Nearly 36 percent have post-graduate degrees, while another 33 percent are college graduates.
- You're electronically wired, with 31 percent using the World Wide Web and 30 percent having e-mail addresses (Please see our masthead below for both of our addresses.)
- Wonderfully, more than 52 percent have been donors and friends of World Vision for more than 10 years.

There was one disappointment: only 5 percent of our readers have ever phoned, written, or e-mailed to the magazine. Talk to us! We'd love to hear your concerns and insights.

—Terry Madison

WORLD VISION
Volume 41, Number 3

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WORLD VISION PRESIDENT BOB SEIPLE WITH ONE OF HIS SPONSORED CHILDREN



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A HUNGRY CHILD KNOWS NO POLITICS

**PEOPLE IN
NORTH
KOREA ARE
STARVING.
SOME
ALREADY
ARE DYING.**

For 10 years North Korea's economy has been in decline. The country's last full farm crop, in 1994, met only two-thirds of that year's need for grain. In 1995 and 1996, hail storms, torrential rains, and flooding ruined harvests and left the land strewn with boulders and thick mud.

Now the agricultural system has collapsed. According to the United Nations, the current food deficit stands at 2.3 million tons—more than twice what Ethiopia needed during its great famine of the mid-1980s.

EATING GRUEL MADE FROM BARK

World Vision has been watching indicators of approaching famine in North Korea for the past two years. People are selling household goods to buy food. Communities have few or no dogs and cats because they've been eaten. In some areas, people are making gruel from the bark of pine trees. The government has banned funerals as too depressing. Large numbers of the population are moving toward the capital city of Pyongyang in the hope of finding food there.

Since the door for aid to North Korea opened in 1995, World Vision has committed more than \$3 million in privately raised cash and gifts-in-kind to the relief effort there, providing rice, seeds, medicine, and clothing. Other humanitarian agencies are joining the effort. Now, however, its people need vastly more aid.

Much of the world has been accustomed to see North Korea, with its Stalinist-style dictatorship, militant aggressiveness, and policy of isolation, as distinctly unfriendly. Its ideology of *juche*—or “self-reliance”—until recently led its government to deny altogether the existence of widespread hunger.

POLITICS AND FOOD SHOULDN'T MIX

As a consequence of prideful, angry, and defensive politics there and around the world, far too little food is being made available for its 23 million people. Some politicians have argued that assistance should be withheld and people starved to force North Korean rulers into submission.

We do not and cannot agree. Countless numbers of people, including innocent farm families, children, the sick, and the elderly—are being forgotten by anyone who opposes responding to the urgent food needs in North Korea. Their arguments are indefensible ethically and spiritually. All famines are complicated by politics. The motives of a country's leaders should not bar its people from human compassion. Nor can politics deflect

Christians from observing Jesus' teaching to help people in need.

World Vision is committed to helping save the lives of possibly millions of people by placing moral concerns ahead of geopolitical maneuvering. InterAction, a coalition of more than 150 nonprofit humanitarian groups based in Washington, D.C., agrees, saying, “Food aid should never be used as a weapon of diplomacy in a famine when thousands of poor people's lives are at stake.”

Traditionally, the United States has given one-third of the total food required to halt famines anywhere in the world. A \$10 million donation announced by the State Department earlier this year for some 30,000 metric tons of food represented little more than 1 percent of the emergency relief food that North Korea needs to avert the threat of massive loss of life to hunger.

During the great famine of Marxist Ethiopia in the mid-1980s, President Ronald Reagan instituted a noble humanitarian policy. “A hungry child knows no politics,” he affirmed. The United States would not withhold aid for starving people for political reasons.

WE WANT TO SAVE LIVES

President Reagan's policy was followed in Ethiopia and later in Sudan, Iraq, Angola, and elsewhere. Not only were millions of lives saved, but in the cases of Ethiopia and Angola the stage was set for peace and better relations between these countries and the United States.

We must not see the “hungry child” ethic abandoned in the case of North Korea. Jesus Christ has a heart for the sick, the oppressed, and the downtrodden, no matter what their politics, where they live, or who they are. He gives preference to “the least of these.” When we give food to the hungry, water to the thirsty, and shelter to the homeless, we are ministering to our Lord.

In a sense, World Vision's present work in North Korea brings us back to our origins. Forty-seven years ago, Bob Pierce, a young Baptist minister, evangelist, and journalist, preached in Korea, gained many converts, then returned to the United States to tell Americans about the suffering of the Korean church under Communism. Only weeks later, North Korea invaded the South and World Vision was founded to help suffering people there.

I'm willing to guess that some of the North Koreans we want to save now are children and grandchildren of the people our founder first ministered to. American Christians supported World Vision in Korea then. We pray they will support us there in this new and massive emergency. 🌐




Hunger. Pain.
Oppression. Hopelessness.

Now let's talk about
his physical needs.



When people don't water their crops because they expect local spirits to bring rain, hunger is an echo of spiritual poverty. So it's never just about irrigating fields, but allowing Christ's love to irrigate hearts. At World Vision, we believe that faith is love in action – action that relieves present suffering and helps nurture people's eternal relationship with God. Call 1-888-71 FAITH to learn how you can add your faith to ours.


WORLD VISION
Acting on faith
Federal Way, WA 98003-9716 USA

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Profile #1 THE POWER OF ONE



"The Continuous Child Care Agreement provides us a wonderful opportunity to make a life-long commitment to sharing our own inheritance with precious children – to give them hope and a more promising future."

Marci and Joseph Palumbo
Somerset New Jersey

When Marci and Joseph Palumbo married, each brought a World Vision sponsored child to their new family. When deciding how to invest a recent family inheritance, they saw the Continuous Child Care Agreement as an ideal opportunity to make a long term commitment to children and others in need.

"We could wait until we establish our family and careers, or we can put the future of these children as one of our top priorities now. Once you are aware of the dire poverty, hunger and illiteracy, you know you must offer what you can.

If even one little child learns to read, becomes a good parent or community leader, that is our reward."



1-800-426-5753

*"For where your treasure is,
there will your heart be also."*

Luke 12:34

The Power of One...

A series of donor profiles of those who know their gifts have the power to touch a life, that in turn can transform a family and even an entire community.

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For more information on how you can help alleviate hunger, poverty and ignorance through a Continuous Child Care Agreement to World Vision, please complete and mail to: World Vision, P.O. Box 70084, Tacoma, WA 98481

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August / September 1997



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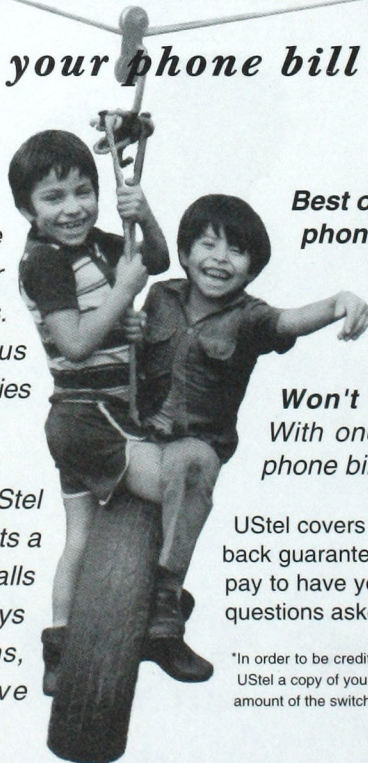
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