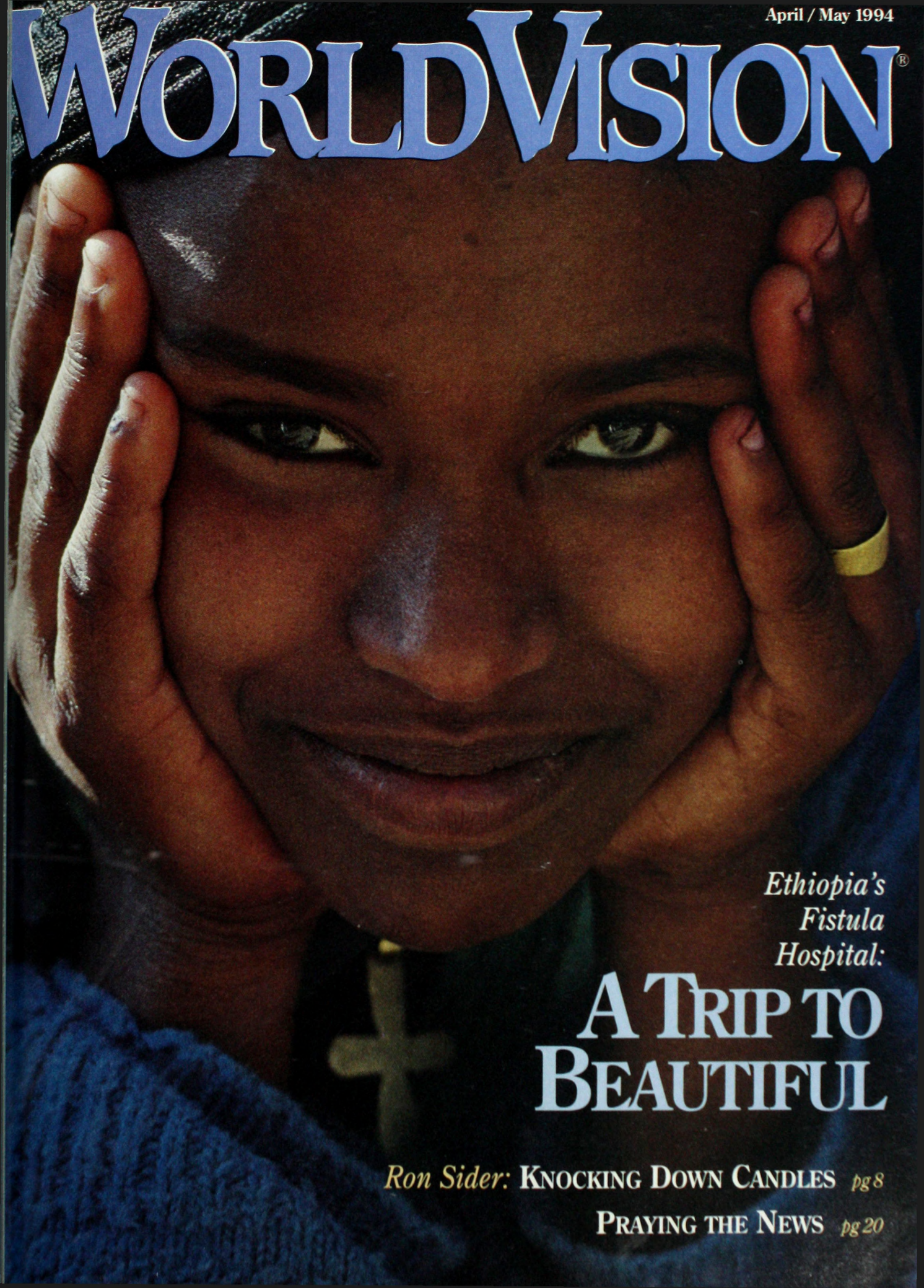
April / May 1994

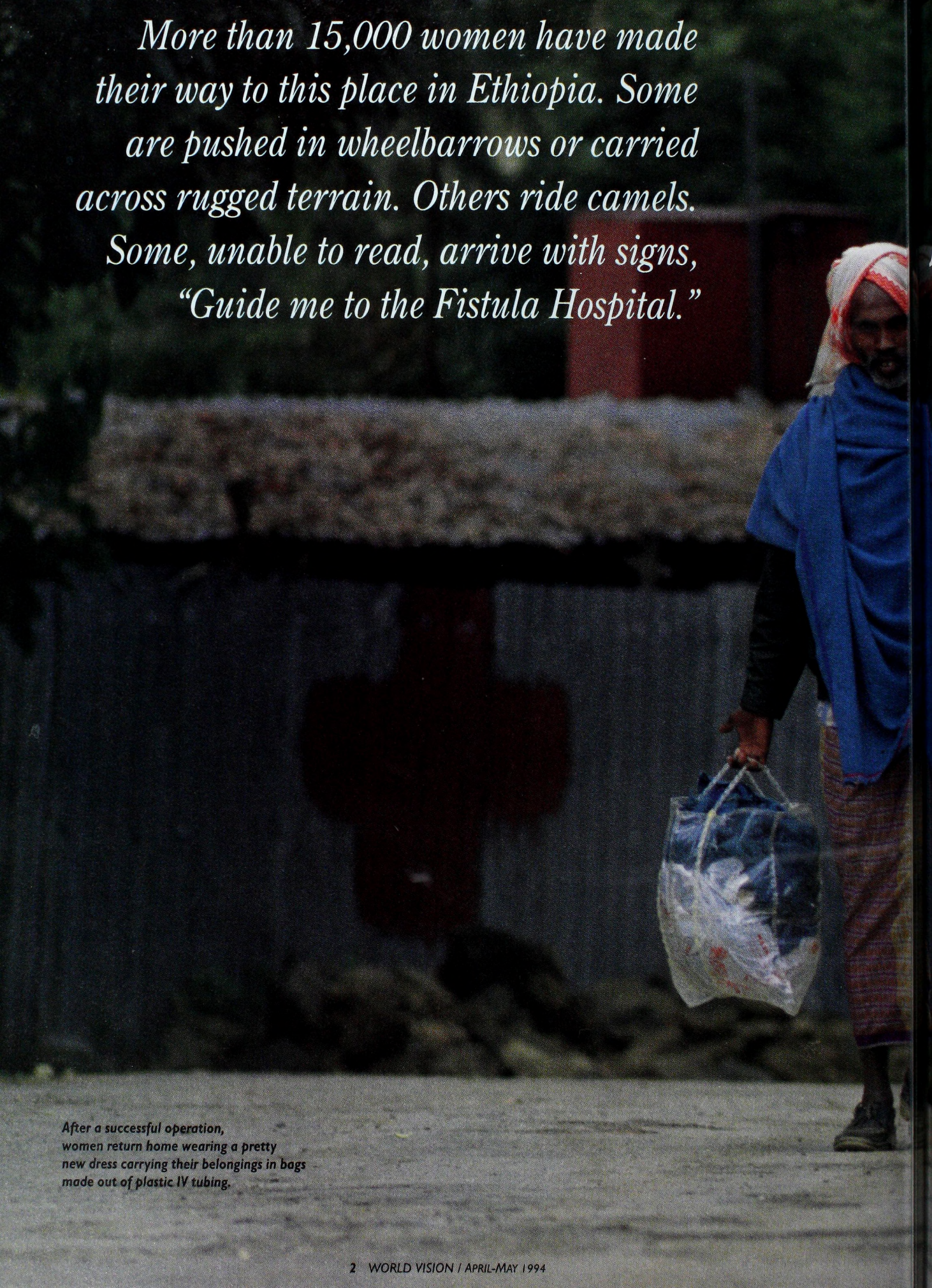
WORLD VISION®



Ethiopia's Fistula Hospital:

A TRIP TO BEAUTIFUL

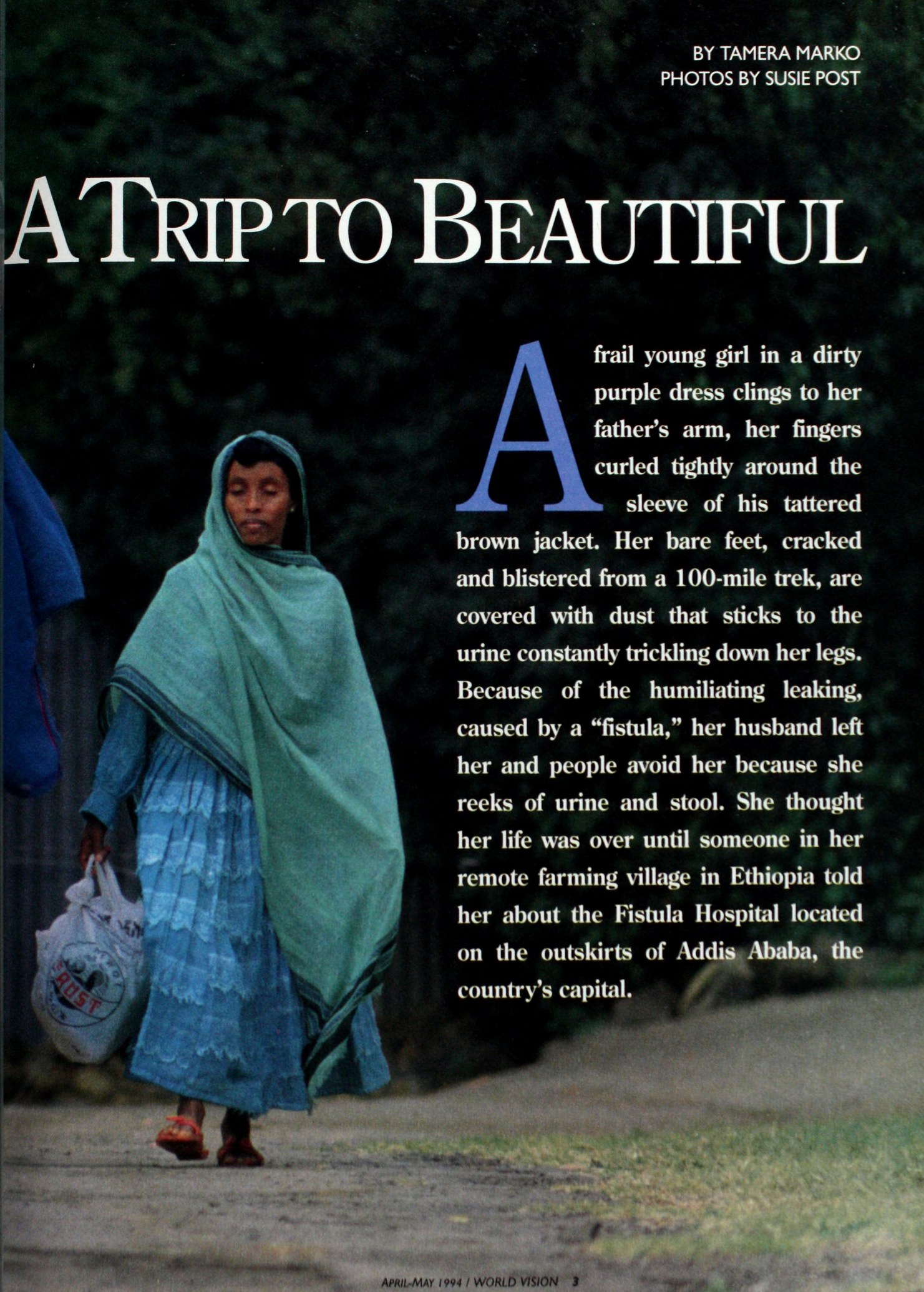
More than 15,000 women have made their way to this place in Ethiopia. Some are pushed in wheelbarrows or carried across rugged terrain. Others ride camels. Some, unable to read, arrive with signs, "Guide me to the Fistula Hospital."



After a successful operation, women return home wearing a pretty new dress carrying their belongings in bags made out of plastic IV tubing.

BY TAMERA MARKO
PHOTOS BY SUSIE POST

A TRIP TO BEAUTIFUL



A frail young girl in a dirty purple dress clings to her father's arm, her fingers curled tightly around the sleeve of his tattered brown jacket. Her bare feet, cracked and blistered from a 100-mile trek, are covered with dust that sticks to the urine constantly trickling down her legs. Because of the humiliating leaking, caused by a "fistula," her husband left her and people avoid her because she reeks of urine and stool. She thought her life was over until someone in her remote farming village in Ethiopia told her about the Fistula Hospital located on the outskirts of Addis Ababa, the country's capital.

To a rural girl, the city is terrifying. The streets are choked with taxis and cars spewing black clouds of diesel exhaust. Drivers recklessly weave through throngs of businessmen, jean-clad college students, and barefoot farm boys herding donkeys laden with wares to sell at Africa's largest market.

The hospital, a small, one-story white building, nestled among green trees and bright flowers, is a quiet refuge where about 800 "fistula women" come each year. Since 1975, when Dr. Catherine Hamlin and her late husband, Dr. Reg Hamlin, opened the hospital, more than 15,000 African women, mostly Ethiopian, have been healed there.

The girl who has just arrived peeks shyly at women of all ages wearing robes or hospital gowns, sitting in the warm November sunlight. A tall, thin white woman in her mid-60s strides toward her, looking neat and sharp in a white cotton shirt and pants. A green surgical mask hangs around her neck. In a cultured Australian accent, she introduces herself as Dr. Catherine Hamlin. Terrified, the girl begins to sob.

Catherine gently leads the girl into the small, sparsely furnished "Welcome Room," where she explains about the Fistula Hospital. Catherine tears a hole in the middle of a piece of paper and says, "You have a hole like this." As she pours water over the paper, it leaks through the hole and onto the floor. "Because of that hole, you leak urine." She then presses the torn paper against the window and seals the tattered edges shut with her fingers. "No pain—just a few stitches and the hole is closed," Catherine says. "After about three weeks you will go home in a pretty new dress." The girl smiles faintly.

Technically, the word fistula means "an abnormal communication between two surfaces." The Hamlins' hospital treats women with fistulas (holes) in their bladder or rectum caused by unattended, obstructed labor which lasts as long as five days. The baby pushes on the uterus, crushing the bladder. The bladder tissues are starved of blood supply and die, and the resulting tear is called a fistula.

Every five minutes the kidneys produce a teaspoonful of urine which, in a healthy bladder, is easily stored. A fistula victim, however, suffers a constant, uncontrollable trickle of urine.

How it all began

Australian physicians Reg and Catherine first came to Ethiopia in 1959. Reg, then 50, and Catherine, in her early 30s, came to work in a women's hospital in Addis Ababa. "I had thought about being a missionary when I was young, and Reg wanted to work in a developing country," says Catherine.

Initially they planned to stay just two years. But after seeing dozens of women suffering from fistulas arrive at the women's hospital, Reg and Catherine abandoned their original plan and set up a special clinic for "the fistula women." The Hamlins later raised funds to build a fistula hospital which opened in 1975. It has remained open throughout Ethiopia's recent tumultuous history.

The cause of fistulas is debated. Doctors say that child marriage contributes to the problem because girls become pregnant before their bodies have completely matured. In rural Ethiopia, where some traditions date more than 2,000 years, a woman's primary role is to care for her husband and bear him children—especially boys who will provide farm labor and take care of elderly parents. Arranged marriages

With new women arriving almost every day, the 45 hospital beds are always full. Girls who live at the hospital compound waiting for their operation spend their time helping other patients, spinning cotton, and talking with each other.

are common for girls as young as 12 years old.

Some authorities also say female circumcision is a major cause of fistulas (though Catherine disagrees, blaming instead, lack of medical care). Female circumcision, a tradition dating to ancient Egypt, involves removing all or part of a girl's external genitalia to eliminate sexual sensation and ensure virginity before marriage. Not usually performed by a doctor, the procedure is done without anesthesia while the girl is held down by family and other women in the community. The tradition is a celebrated rite of passage into womanhood, crucial for acceptance into rural Ethiopian society, where uncircumcised women are considered prostitutes and unmarriageable. An estimated 90 percent to 95 percent of women in Ethiopia are circumcised.

"The scarring that results from female circumcision is a major cause of obstructed labor during delivery," says Dr. Milton Amayun, who helped set up a Mother and Child Health project in northern Ethiopia between 1985 and 1986, and is now the director of International Programs of World Vision Relief and Development. He notes that there is a strong correlation between the large numbers of fistula cases in Ethiopia and female circumcision of girls before they reached puberty.

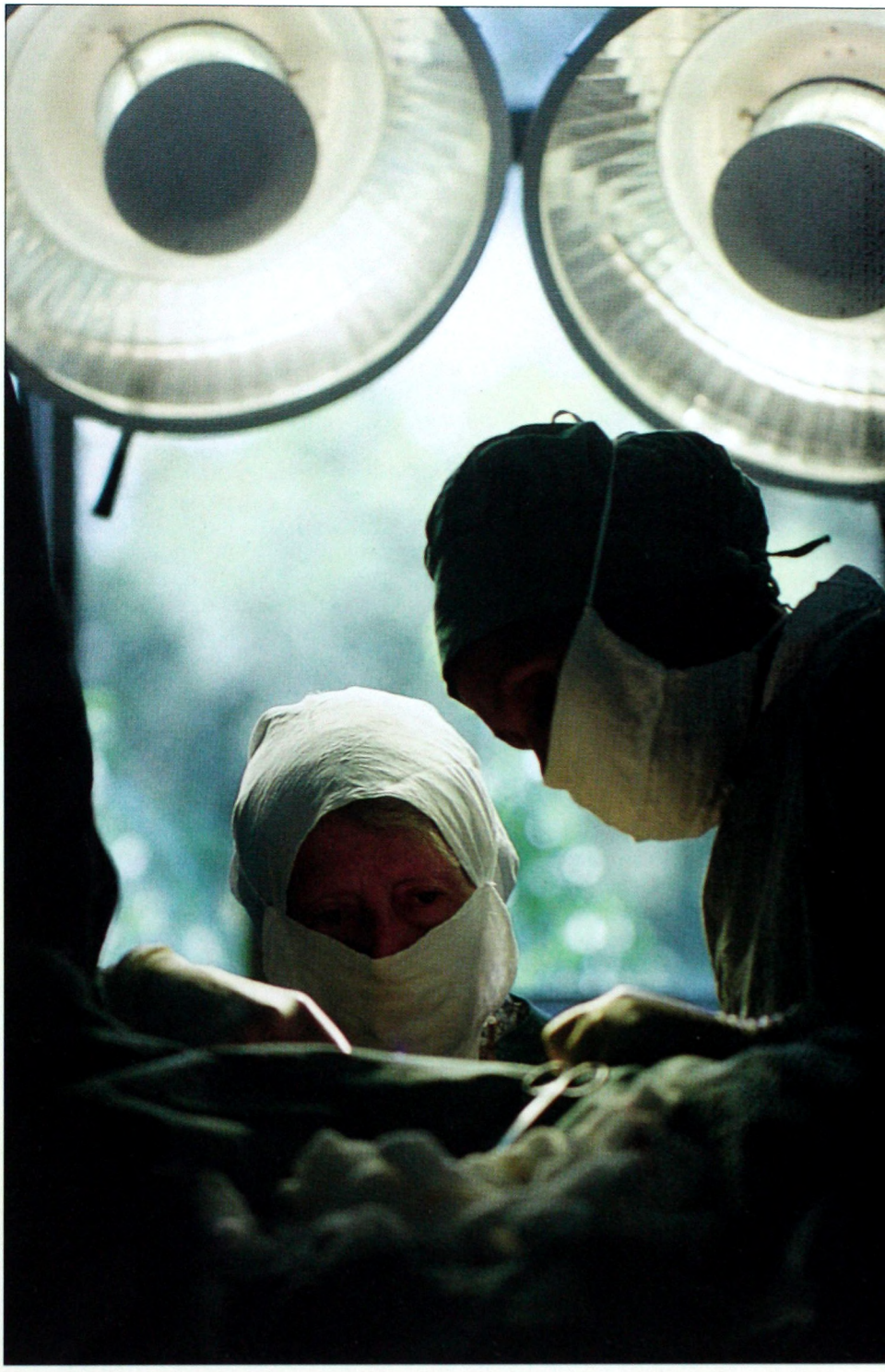
"Often the scar tissue requires removal by traditional birth attendants using traditional methods and instruments," he says. These instruments, which include razor blades, sharp rocks, and knives, are often unsterilized.

"One complication of this process is the high probability of tearing of normal tissue. Torn tissue leads to the formation of fistulas," Amayun says. "Tearing of tissue may also occur on the honeymoon night when scar tissue, the result of healing from circumcision wounds, has to be cut open with a kitchen knife so sexual intercourse can occur."

The frightened girl Catherine admitted this morning suffered a fistula this way. A village "doctor" accidentally cut a hole in her bladder while removing scar tissue after she was married at age 12.

Most Ethiopian women would not suffer from fistulas if they had access to modern medical care. A cesarean, Catherine says, would save babies and prevent fistulas. About 5 percent of women worldwide suffer from fistulas, but they are virtually nonexistent in towns with hospitals.

In modern cities like Addis Ababa, most women receive prenatal care and give birth in a hospital. But most of Ethiopia is hampered by poor communication lines, and vast mountains, rivers, and scorching lowlands that impede travel. The doctor-patient ratio in Ethiopia is about 1 to 80,000. When the average village girl feels the first sharp pain of labor, she is a 15-mile walk from the nearest road, let alone a hospital.



Dr. Catherine Hamlin, who co-founded the hospital with her husband Reg in 1975, often assists the staff with fistula operations.

A LIFE-CHANGING ILLNESS

Most of the fistula patients' husbands, disgusted by a wet bed, leave them. "They're not being cruel, really," Catherine says. In rural areas where good land and water are scarce, life depends on practical decisions for survival. "They just can't live with a woman who can't do anything and who smells horribly," she says.

In Ethiopia, parents usually welcome their daughter back home, but the stench forces her to sleep outside. She tries to work in the kitchen but flies gather. When one woman, blinded by cataracts, arrived at the hospital, she said, "Treat my fistula first. If my eyes are bad, people can still sit next to me, talk with me, feed me, and take care of me."

One Fistula Hospital patient, trying to hide her incontinence, stayed in bed

for so many months that she became too weak to walk. She must gain her strength before the doctors can operate.

Although the Fistula Hospital charges nothing, most women have difficulty getting there. Some are pushed in wheelbarrows or carried across rugged, rural terrain. Others ride camels or donkeys. Some, unable to read, arrive with signs, "Guide me to the Fistula Hospital." One woman arrived with a yellowed, 6-year-old doctor's note. She had been sitting at bus stops, begging for money and then taking the bus as far as she could afford.

When they finally reach the city, they are often thrown off public transportation, turned away from hospital waiting rooms (they are considered the lowest priority), and refused lodging when hotel maids discover soiled beds.

At the Fistula Hospital, however, they are warmly welcomed. Hospital staff examine them, explain the procedure, and give them the hospital phone number and an appointment for admittance. With new women arriving almost every day, the 45 hospital beds are always full. If a patient cannot stay nearby with friends or relatives, she joins the 20 or so women who live in the "waiting rooms," small sheds in the hospital compound with beds and a place to store their few belongings. They spend their days helping with the hospital duties and caring for the other patients.

A TYPICAL AFTERNOON

On a typical afternoon, the hospital compound is quiet. The nurses have made their morning rounds and the patients waiting for their operations have changed the beds. In the lush garden outside, the woman who cleans more than 300 sheets a day lugs a bundle of wet linens almost as large as herself. She smiles as she pins them up to dry.

Hazy sunlight spills in through windows on both sides of the large room where girls lie quietly under pale green blankets. Red roses in a large, elegant vase add cheerful color to the empty ledge above one of the beds. A few girls, curled on their sides facing each other, talk quietly.

Ndawok, 19, wearing her terry cloth robe, sweeps the floor to the rhythm of her humming. Ndawok is one of the hospital's 8 percent whose first fistula operation failed. She is living at the hospital for the three months required to heal before her second operation. She happily chats with another patient, Zenebech, as she passes by her bed.

Zenebech, 50, an elementary school teacher, is one of the few patients from Addis. Her husband brings one of her five children to visit every day. "I have a very, very good husband," she says, smiling. She came here after noticing slight incontinence. "My blood pressure would rise when I thought, *What will I do with my children if something happens to me?*"

A few beds down, 35-year-old Milashu congratulates another patient who just had her catheter removed today. "You drink a little water and see how it goes," Milashu tells the young girl in a warm, motherly tone.

THE "MAGIC" OPERATION

Neferu, 16, sits on the edge of a gurney in the operating room. Wearing a hospital gown, she dangles her feet nervously and blinks in the morning sunlight flooding the room. About eight operations are performed here twice a week, two or three at a time. The patients remain awake during the entire two- to four-hour procedure. If they start to feel pain, the girls are given ether, an anesthesia physicians in the West stopped using 50 years ago, but the safest form the Fistula Hospital has the technology to monitor.

Next to Neferu, a male medical student prepares one of the other two girls sitting on gurneys. Upon Catherine's persistent requests, the Ethiopian government now requires every gynecology student in the country to complete a two-month internship at the Fistula Hospital.

Neferu quietly watches as the young man injects a needle about 6 inches long into the girl's lower spine to numb her lower body. A nurse, who had a fistula operation years ago, gently holds the girl's grimacing face against her chest. Wide-eyed, Neferu looks away. Many of the 33-member staff are former fistula patients themselves.

At 9 a.m. Catherine sits down on a low stool at the foot of Neferu's gurney. Nurses watch as the doctor, her gloves steaming from hot water, cuts a thin

Female Circumcision:
RITES OR RIGHTS

An estimated 84 million to 114 million women, mostly Muslim, have undergone some form of female circumcision, a tradition in which all or part of a girl's external genitalia are removed. Practiced in parts of Southeast Asia and widely in Africa and the Middle East, the ritual's purpose is to eliminate sexual sensation and ensure virginity before marriage. This celebrated rite of passage into womanhood is crucial for acceptance into Ethiopian rural society, where uncircumcised women are considered prostitutes and unmarriageable.

Dating to ancient Egypt, female circumcision is practiced by both Christians and Muslims, though the ritual is not sanctioned by either Christianity or Islam. The most extreme form is called infibulation in which the sides of the labia majora are excised, and the vulva is stitched together with thorns, leaving a tiny opening for urine and menstrual blood. The girl's legs are then bound until she heals. Not usually performed by a doctor, the procedure is done without anesthesia while the girl, as young as an infant, is held down by family or other women in the community.

Many women suffer complications, including clitoral cysts, urinary infections, menstrual blood retention, stones in the vagina, and deep scar tissue, which tears during childbirth, causing permanent injury. A few even bleed to death.

Human-rights activists in the West and in developing countries call the practice "female genital mutilation" (FGM). "Calling it circumcision distances us from the pain and violence that it really is," says Seble Dawit, an international human rights lawyer who was born in Ethiopia.

Since immigrants have brought this tradition with them to Western countries, FGM has recently been debated on television talk shows, and in newspaper editorials and courtrooms. Some European countries have legally banned the practice, and two congresswomen are pushing for legislation banning FGM in the United States.

Many from countries where FGM is common bitterly resent the recent media blitz about the issue and say that western values should not be imposed upon their cultures. Others argue that torture is not culture.

World Vision is working with women in countries where FGM is practiced to research appropriate and culturally sensitive ways to approach the issue. This research is part of of World Vision's Girl Child Initiative which already helps improve the educational, health, and social status of girls and women in its development and sponsorship projects.

—By Tamera Marko

About 92 percent of the fistula patients return home healed about three weeks after their operation. Upon Dr. Catherine Hamlin's persistent requests, every gynecology student in Ethiopia must now complete a two-month internship at the Fistula Hospital.

incision. Catherine peers over the table and asks Neferu, "*Gobonosh*? (Are you all right?)" Neferu nods.

An older woman in a wheelchair hands Catherine some gauze from a yellow bucket. A former fistula patient who was later paralyzed in a car accident, she holds up pieces of rewashed gauze to the light, checking for impurities. To save money, hospital staff carefully clean and reuse everything possible, including surgical instruments, needles, and gauze.

Memitu, a former fistula patient, begins the third surgery on Hemlem, 35, who had a failed operation one year ago. Memitu first came to the hospital when she was 14 years old, lying on a goat-skin stretcher carried by her uncle and brother. Although uneducated, she stayed on to help the Hamlins, and 10 years ago she began operating herself. With Reg and Catherine, she holds the Gold Medal of the Royal College of Surgeons in London.

Neferu's operation is finished in almost two hours. A nurse wheels her into the large room with the other girls. Some of the patients sit up, looking sympathetically at the newest patient being gingerly lifted into her bed and covered with blankets.

Back in the operating room, the medical student's patient is moaning, tears rolling down her face. The numbness has begun to wear off. The medical student, his forehead beaded with sweat, stitches her up as rapidly as possible. The woman in the wheelchair gently rubs the girl's forehead and with her other hand motions for some ether.

If the women's surgeries are a success they will be sent home in about three weeks with instructions not to remarry for at least three months. When they get pregnant again and feel the baby start to move, they must immediately start walking to a hospital and give a doctor their Fistula Hospital card. "If you don't do this next time," Catherine often warns her patients, "you might even die."

Waiting for a Cure

The day's operations finished, the nurses relax in a corner of the hospital room, while Catherine, still in her rumpled surgical clothes, fills out paperwork in her tiny office. Since Reg's death last year, Catherine shoulders the entire burden of raising funds and running the hospital. (World Vision provides about 50 percent of the hospital funding.) She hopes to work another 10 years and train a successor. But she is tired of "flying around the world raising money," and often worries, "If I die, we will be in trouble."

Outside, a few girls sit on the grass in the warm afternoon sun, spinning tufts of raw cotton around a wooden stick the way their tribes have made thread for centuries. Others braid plastic IV tubing into sturdy handles for bags they will use to carry their belongings home when they are healed. An older girl opens a Bible and begins reading out loud, part of the hospital's weekly program. Ndawok, still wearing her terry cloth robe, parts a friend's hair into neat sections for braiding.

The quiet moment is interrupted by a young girl, joyously skipping up the hill in a fresh, clean dress. She is going home today. She gently touches each girl's arm and kisses them on the cheek. Ndawok hugs her enthusiastically but as she watches the girl disappear through the gates, tears roll down her face. It has been so long since Ndawok has seen her own village. She sighs and resumes braiding her friend's hair.

A girl with urine-streaked legs sitting next to Ndawok slowly shakes an orange gourd, making butter out of the liquid inside. For a long time she makes a rhythmic swish, swish, swish and quietly stares at the sun setting beyond Catherine's rose garden, dreaming of the day she will return home in a pretty new dress, healthy, and ready to remarry and have a healthy baby. ◍

Susie Post is a free-lance photographer living in Ambridge, Pa.

ILLUSTRATION: SUSAN McG

Must We Knock Down Other People's Candles?

BY RON SIDER

I WATCHED A SAD SPECTACLE as I stood by Jesus' empty tomb last Easter. I wandered into the Church of the Holy Sepulchre in Jerusalem as a wide-eyed pilgrim. I was largely unfamiliar with the schedules (and ecclesiastical conflicts) at the massive old church that many believe was probably erected over the tomb where Jesus was placed. I joined a large crowd of people in front of the massive stone memorial over the tomb cut in the rock, watching as the Roman Catholic cardinal led an Easter service.

Part way through the celebration, Israeli police began clearing a path at the edge of the crowd. Behind them marched a group of Orthodox Christians loudly celebrating Jesus' triumphal entry into Jerusalem.

You see, the Western (Protestant and Catholic) Church and the Eastern (Orthodox) Church disagree on the date of Easter. And that produces bizarre conflicts in Jerusalem where they share the same buildings like the Church of the Holy Sepulchre.

The Catholics celebrating Easter had lighted dozens of small candles around the outside of the empty tomb. Suddenly an Orthodox priest stalked over to these candles and knocked them all down, snuffing out their flickering flames with quick angry strokes.

Amazed, I asked him why. "Because candles are forbidden," he retorted. "By whom?" I asked. "By me," came his annoyed reply. I tried to explain that I wasn't being critical. I merely wanted to understand. So I persisted: "Is it always forbidden to light candles here, or just sometimes?" He said, "Not until next Sunday." This was only Palm Sunday in his Orthodox Church calendar. Candles could be lighted again only at Easter. If the Catholics considered Palm Sunday to be Easter, so much the worse for them, their calendar, and their candles.

As the meaning of this little tragedy swept over me, I was overcome with sadness. I quietly walked to the large slab of marble where, according to tradition, they laid Jesus to prepare his body for burial. I kneeled with the people there and began to sob. Others were also weeping—in sympathy, I suppose, as they remembered the way Roman crucifixion had torn and broken Jesus' body on the cross. I wept over the ghastly tragedy of contemporary Christians tearing and desecrating Christ's one body today with their petty disputes and stubbornly held traditions.

Reminders of the brokenness of Christ's body are everywhere in the Holy Land. Catholics and Orthodox have rival sites for various events in Jesus' life. And when they agree on the location, they fight to control it. For many decades, a Muslim family has kept the key to the Church of the Holy Sepulchre because Christians cannot agree among themselves on who would control this holy place. And we cannot even agree on a common day to celebrate Jesus' birth, death, and resurrection.

Not all the blame belongs to the Catholics and Orthodox. Evangelicals go to Israel and almost totally ignore the present (largely Palestinian) local church. With our stubborn refusal to talk with Christians in other traditions, and our failure to work with local churches when we send missionaries to countries with ancient Christian churches, we contribute our full share to the rending of Christ's one body.

My God, what a scandal.

As I wept at his empty tomb last Easter, I asked our risen Lord to forgive his foolish quarreling followers. I asked him to help me discern and treasure the oneness of his body. As I wept, I renewed my commitment to live obediently in light of Jesus' prayer that we "may become perfectly one" so that the world may know that he came from the Father (John 17:23).

It is a sin to refuse to join in ecumenical dialogue and processes with other Christians who confess Jesus Christ as God and Savior. It is a sin to send our missionaries to other lands with long Christian traditions without first consulting with the churches already there. It is a sin to overlook working and praying to overcome the disagreements dividing Christians.

Last Easter, at the empty tomb, my Lord called me to a deeper commitment to be an ecumenical Christian.

Of course, I have not forgotten the genuine theological disagreements that divide us. We cannot ignore them. The way to resolve them, however, is by prayerfully submitting together to the Scriptures under the Spirit's guidance. I will always be an evangelical ecumenist. In fact, precisely because I believe God's Word that there is only "one body and one Spirit ... only one Lord, one faith, one baptism" (Eph. 4:56); precisely because it is my risen Lord who still prays that his body may be one so that the world may believe; precisely because I am an evangelical, I must also be ecumenical.

And we must try harder. For the next 100 years, I would be willing to celebrate Christmas and Easter according to the Orthodox calendar—if all Christians everywhere could just do it together. I am ready to go to ecumenical dialogues, and join ecumenical councils till I am worn out if I can contribute to greater unity in Christ's body. That will not mean sacrificing truth for unity. But it will mean embracing both unity and truth—and, I suggest, growing in my understanding of him who is the Truth as I further embrace his one body.

Thus far in my walk with Christ, lighting candles at places like the empty tomb have not been a significant means of spiritual devotion and growth. But please, Lord, let me listen long with loving care and gentle patience before I presume to knock down other people's candles.

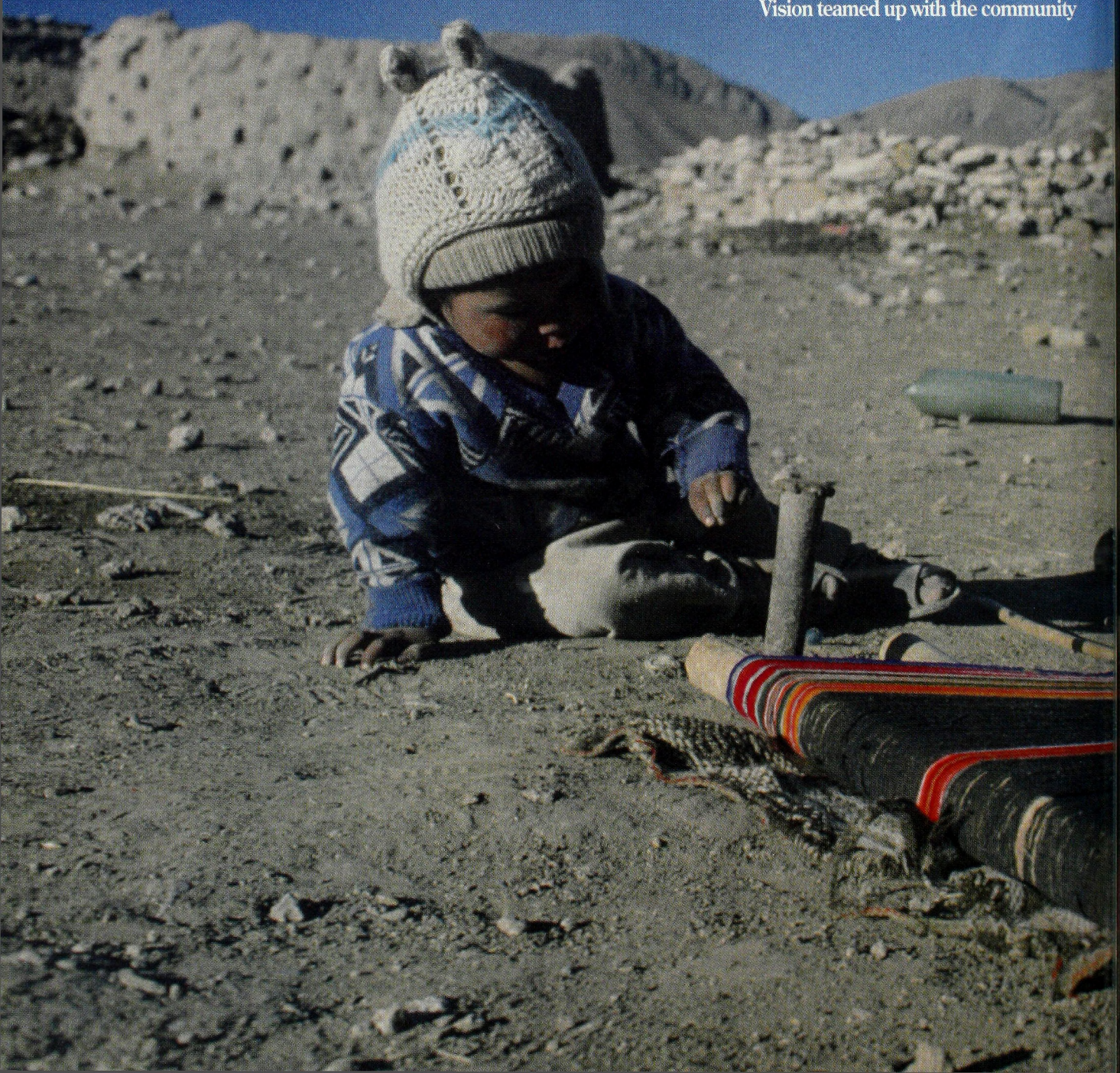
Ron Sider is executive director of Evangelicals for Social Action in Wynnewood, Pa.

SIGNS OF HOPE IN BOLIVIA

Leonarda Toribio de Villca keeps an eye on her 2-year-old son, Wilbur, as she weaves a wool shawl in front of her adobe brick home on the outskirts of the rural village Villcapujio, Bolivia. Six of Leonarda and her husband's 11 children have died, she believes, from drinking water from the shallow, polluted stream trickling through her village. In this community, 198 miles south of the country's capital, La Paz, many of the 380 residents used to suffer from chronic diarrhea, respiratory problems, and skin diseases.

Life can be harsh in Villcapujio. Families struggle to farm the hard, rocky ground that gives Villcapujio a lunar appearance. Boulders the size of bowling balls help keep severe winds from tearing metal sheet roofs off buildings. Women and girls guide sheep over dusty hillsides, searching for richer grazing land. For generations, these residents lived without electricity and depended on a contaminated stream for water.

The health of Leonarda's other children, however, has improved greatly since 1990 when World Vision teamed up with the community



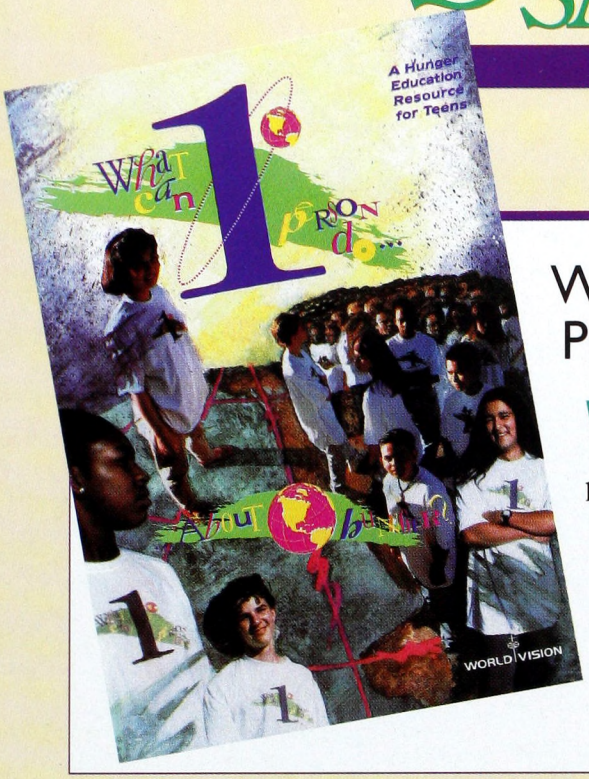
to dig wells and install handpumps. World Vision also helped construct a community center, including a multipurpose room, a kitchen, an office, and a staff room also used for medical exams during regular visits by a doctor and nurse team. Leonarda's children are among 145 sponsored youngsters who receive breakfast there on Friday, Saturday, and Sunday mornings. Most of the village women attend a weekly health and hygiene class, preceded by a Bible study, at the center.

Today, 20 wells are fully operational, and five more will be dug soon. Leonarda is grateful for the clean water and health instruction that have reduced common illnesses by 40 percent and the mortality rate to virtually zero.

Story and photo by Randy Miller, managing editor of Together, *a quarterly relief and development journal published by World Vision International.*

SAMARITAN SAMPLER

RESOURCES FOR HELPING OTHERS IN THE NAME OF CHRIST



WHAT CAN 1 PERSON DO?

World Vision's Office of Advocacy and Education has designed a hunger education kit for teens that can help make a difference in hungry people's lives. The four Personal Action Kits (PAKs) and Leader's Guide accompany the 16-minute video of personal stories about hunger and its causes.

You can connect the short video stories with games and facts about people who live in Guatemala City's dump, land mine victims in Mozambique's war, girls in India, and homeless families in the United States. Each PAK concludes with "Getting Stretched . . . What Can 1 Person Do?", suggested activities on how you or your church group can get involved with hungry people worldwide.

To order the $18 packet or for more information, contact World Vision's Office of Advocacy and Education, (818) 357-1111, ext. 3437. For 30 Hour Famine information, call (800) 7-FAMINE.

YOU CAN CHANGE THE WORLD

No matter how young you are, you can change the world! How? Through prayer!

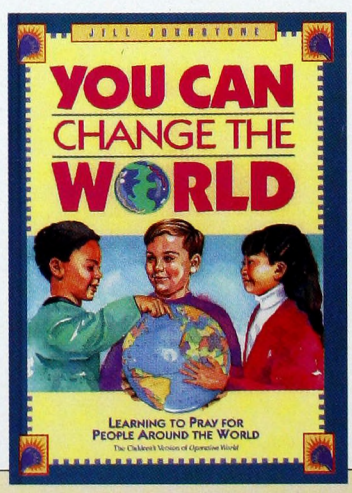
Jill Johnstone's *You Can Change the World: Learning to Pray for People Around the World* is about praying for people worldwide who have not yet heard about Jesus Christ. In *You Can Change the World*, you learn about 26 countries and 26 unreached people groups. You'll read about the wandering Gypsies of Europe or about Bhutan—land of the thunder dragon. And you will be saddened to read about the Kurds—a people without a home. A child or family reading and praying through one section a week will finish the book in one year.

The book is arranged alphabetically by country. Each section contains a colorful country flag, maps, illustrations, facts, stories, and seven prayers to interest children in their own time alone with Jesus to remember other youngsters in different cultures.

The book also contains information about other world religions, from animism to Islam, and about Christian organizations that will send information about a country or an unreached people group on request.

Jill's husband, Patrick, wrote *Operation World*, the adult version of *You Can Change the World*.

You Can Change the World costs $14.99 at local Christian bookstores. For information, call (800) 727-3480.



MISSION TO CHINA PROJECT

The Christian Medical Association (CMA) seeks Christian general practitioners, internists, surgeons, ophthalmologists, obstetricians, gynecologists, cardiologists, optometrists, and general nurses to volunteer their services to the China Project, Sept. 10 to 25.

The medical missions team will work in 10 village clinics per day, treating patients or referring them to local hospitals for surgery or follow-up procedures. Doctors will also visit hospitals in Beijing and Shanghai.

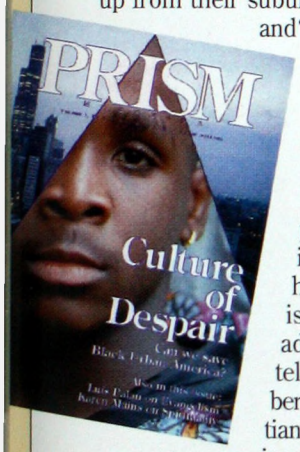
CMA, with 30 years experience in short-term medical missions, will organize the trip and provide all training.

For more information or to donate funds for medicine, contact CMA at P.O. Box 3501, Seal Beach, CA 90740, (310) 592-3791.

Compiled and written by Stephanie Stevenson

PRISM LIGHTS

Prism Magazine, a new, contemporary and biblical Christian magazine for leaders and laypeople, encourages Christians to wake up from their suburban lifestyles and "live out" the 20th-century gospel in practical ways, like taking food to street people or working in an AIDS hospice. Every issue contains addresses and telephone numbers of U.S. Christian organizations involved in practical "hands-on" ministry.



Article topics range from "what's up" in politics, current events, and missions to one person's view of what Christian discipleship looks like. Writers include Samuel Escobar, Tony Campolo, Karen Mains, John Perkins, and Luis Palau.

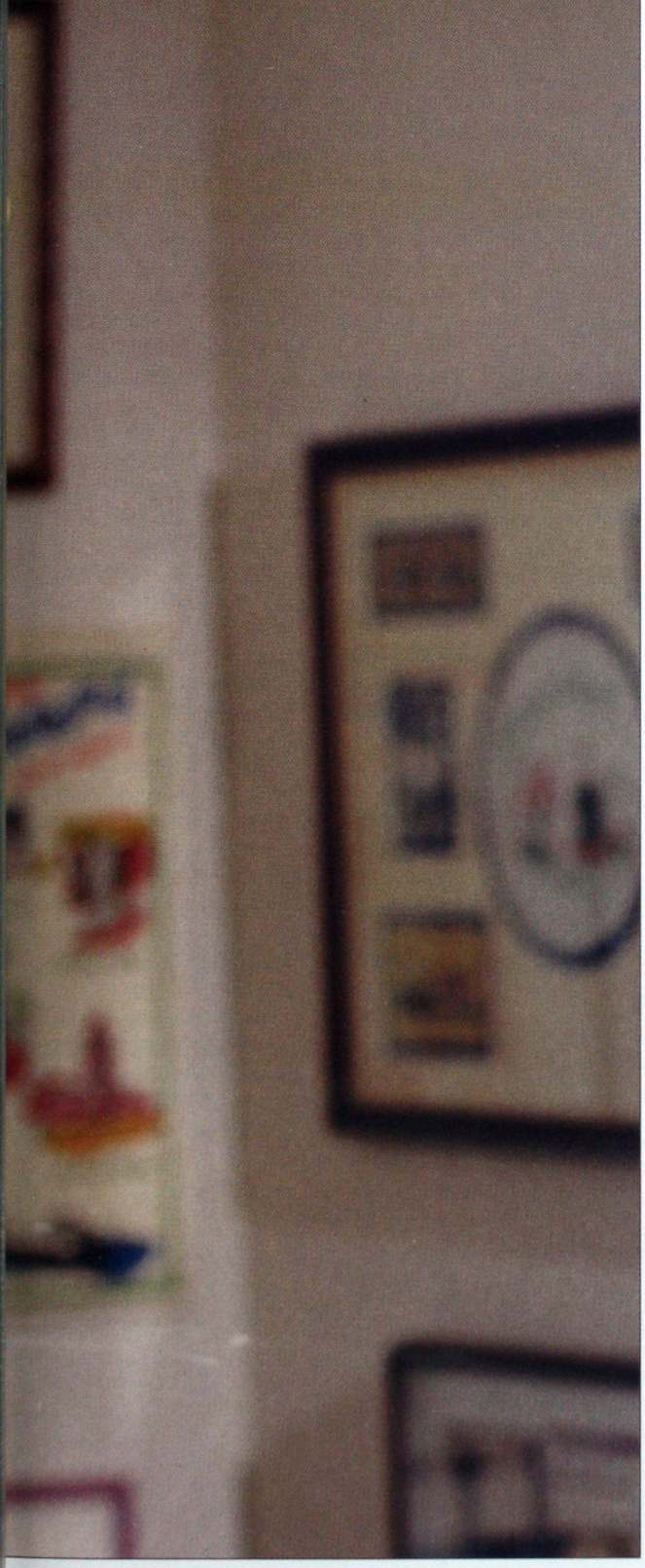
Prism Magazine is published by Ron Sider and edited by Gordon Aeschliman for Evangelicals for Social Action. Annual subscription for *Prism Magazine*, published 10 times a year, cost $30 in the United States.

For more information, contact Dwight Ozard, *Prism Magazine*, 10 Lancaster Ave., Wynnewood, PA 19096, (215) 645-9390.

> **If you want to join the poor of God, first distribute your goods to the poor.**
> *—St. Francis of Assisi*

Dr. Elizabeth Holland, in her Memphis home, holds a musical instrument from Zaire where she volunteered her medical skills for World Vision.

From Thailand to Tennessee, Dr. Elizabeth Holland has volunteered her time to care for the world's sick and suffering.



KENT PHILLIPS

You might say she's a doctor who still makes house calls. Even if the "house" is in the middle of an African civil war. Take the appendectomy she performed one day in 1985. The "operating room" was a mud hut deep in the jungle of Zaire. The anesthetic was an animal tranquilizer that ran out in the middle of the operation. Outside, MiG jets were dropping bombs.

"I had to finish [the operation] without anesthetic. Every time he would scream, more of his guts would fall out. And whenever a bomb would hit, dirt from the hut would fall down on us," says Dr. Elizabeth "Bibba" Holland, a Memphis pediatrician who spent that year as a volunteer doctor for World Vision.

"I don't think I was ever scared in Africa," she says, "but that time I did pray for God to put me back in Memphis. Not because I was scared, but because I had made such a mess of the job."

Actually, she performed a virtual miracle considering the circumstances. Not only did her patient live, he is just one of many she has doctored in desperate situations around the world.

GIVING UNTIL IT HEALS

BY ROBERT KERR

A Giver, not a Taker

Even when she's in Memphis, Holland doesn't limit herself to her pediatrics practice. She has spent so much time working with injured and orphaned wildlife at a local nature center, the Volunteer Center of Memphis named her its outstanding adult volunteer at its Volunteer Recognition/Golden Rule awards in 1993.

She also has volunteered at the St. Peter Home for Children for more than 25 years. And she teaches classes at First Assembly of God Church and runs the night pediatrics clinic at Le Bonheur Children's Medical Center East one or two nights a week.

"She believes very firmly in giving back. She's not a taker, she's a giver. She sets an example for all of us. She's done so much in so many areas," says Elizabeth Duncan, executive director at the Volunteer Center.

Holland stays so busy during the week that she actually earns her living on the weekends, pulling a 48-hour shift at Pediatrics Associates. That gives her the rest of the week to pursue her various interests.

DR. ELIZABETH HOLLAND

Dr. Elizabeth Holland's job includes some unique hazards. In Africa, a witch doctor once demanded that Elizabeth leave, threatening to "take her apart in the middle of the night." Elizabeth told him she could not leave and asked to take his picture instead.

"Honestly, what I believe is that God gives every human some gifts, talents, abilities. And he wants us to give them to help somebody else. And whenever you do, you are refilled. So the greatest part for me is giving, because I am constantly renewed in return," she says.

"It's an aliveness that I think is the way we were meant to live, interconnected with each other rather than in isolation. I received more from Africa than I gave. Anytime I volunteer, I receive more than I give."

Friends say Holland, 53, goes about her work so quietly they are often unaware of much that she does.

"You almost have to pry it out of her. She doesn't bring it up herself," says Bob Barni, assistant curator and volunteer coordinator at Lichterman. "She is very nonassuming. She doesn't think what she does is anything special, just that these are things she should be doing."

What drives her? Holland says that making a difference has always been a strong motivator with her. When her mother would make her wash windows as a child, Holland always preferred doing the dirtiest ones because she could see more of a difference as she worked.

"It's a good life when you can make a difference. I learned a long time ago, you can't save the world. The Lord tells us to do what we can," she says. "It's very hard to hold a baby in your arms and watch it die. And I've had that happen probably 500 times at least. I learned to focus on the ones that survived. You have to look at what you accomplish, not what you can't accomplish."

Safe in the Center of God's Will

Holland developed such a perspective through her work in Africa and other impoverished areas. In 1983, she spent six months as a World Vision volunteer in Thailand. Then in 1984, she spent a year living and doctoring in a refugee camp on Zaire's border with Angola. The Angolan civil war sent thousands of refugees streaming into the camp. The only doctor in a village of some 40,000, Holland routinely saw 400 to 500 patients a day. One day, she saw more than 940.

"I used what medical supplies I could get. When I didn't have any, we punted. I frequently wrapped broken bones in magazines and used banana leafs for slings," she says.

Clothing and food were also in short supply. The only regular meal was a paste made from ground cassava-plant roots.

"It tasted like glue. The first few days, I thought I would die. But then I got to where it tasted pretty good. Sometimes when it rained we could get a few leaves from the trees to cook in with it for variety," Holland says.

The only place to bathe was a river popular with crocodiles. Another neighborhood hazard was a minefield just across the border in Angola. The mines often killed civilians or left them too injured to walk, so Holland would retrieve them.

"I learned if I got my nose down at ground level and crawled along on my stomach, I could see the mines. So I would make my way across, then throw them (the injured person) over my shoulder and carry them out the same way I had come over," she says.

Despite the harrowing conditions, Holland insists she never feared for herself. "I have been tired and hungry and thirsty, but I don't remember ever being afraid. I really believe the safest place anyone can be is in the center of God's will," she says.

"I can be in a nice house in Memphis, but if I am not in the center of God's will, I can be in great danger. But I can be in Africa in a mud hut with bombs falling around me, and if I am in the center of God's will, I have perfect peace and safety."

Even a close encounter with a witch doctor did not scare her off. They are still common in that part of Africa, she says, and consider outside physicians like her a threat. One confronted her in elaborate regalia made of straw and feathers.

"He told me I had to leave. I told him I couldn't leave if I wanted to. We were in the middle of the jungle, with no car and no roads," she says. "He proceeded to threaten me quite viciously. He said he was going to take me apart in the night. I'm not sure, but I think he also said something about having worms eat me. I said I was sorry, but I just couldn't leave."

Attempting to defuse the situation, she asked if she could take his photograph. She had her camera with her, but he refused and grew angrier. Then he raised the big stick he was carrying as if to spear her with it.

"I thought, I'm never going to get a chance like this again. I took this picture of him with the stick pointed at me, and then I ran away. He finally left, and I was never eaten by worms," she says. "I don't think he could have actually hurt me. I think the guys living in the camp probably would have murdered anything that touched me."

Holland's volunteer work abroad has also included some 20 two-week missions to poverty-ridden areas of South and Central America.

Tending Animal Refugees

Her volunteering at the Lichterman Nature Center has parallels with her work abroad. At the center, she tends to the needs of animals who are refugees from the encroachment of human civilization. The 65-acre center is home to a menagerie of animals, birds, and reptiles. Ideally, the injured or orphaned creatures will be returned to the wild.

"They either recover or stay with us for life. We consider it a failure if an animal can't be released. They were meant to live their lives free in the wild, not in a cage, no matter how kind we might be to them," Holland says.

Holland's contributions go far beyond her work with the animals, however. "She is just an extremely upbeat, positive person," Barni says. "Whenever staff people here have problems, she helps put everything in perspective. She helps everyone get back in an upbeat mood," he says. "She has supported the staff here as much as she has the animals. She doesn't act like she's just here to clean out cages and take care of animals."

Holland has no family of her own, a casualty of the busy pace she keeps.

"I probably should have. But I never had the time," she says.

She spends what spare time she has reading and traveling. She visits Yellowstone National Park once every year, and is planning a trip to Cancun, Mexico, where she loves to parasail. "I'm planning to bungee before long, too. I don't want to miss anything," she says.

Holland grew up in a small town in Alabama where she developed her love for reading. "I remember once looking around the library when I was about 12 and realizing there was all this knowledge I didn't have. So I started reading at least one book every week, and I've kept that up pretty much ever since," she says.

Holland went to Memphis to attend Rhodes College and then worked her way through medical school at the University of Tennessee, graduating in 1969.

"I think I always figured I would be a doctor. I wasn't a person who had a burning desire to help people or a burning desire to make money. I just liked learning about things. And I really liked the idea of understanding the human body," she says.

She has worked with Pediatrics Associates ever since completing her medical degree.

"The partners are real flexible. They cover for me when I'm gone on the missions," she says.

Holland thinks she entered pediatrics for the same reason she felt drawn to volunteer at Lichterman.

"The thing about both children and animals is that neither one can defend themselves or fight back. And when they are sick, neither one understands why it is hurting. They can't tell you what's wrong. I guess it appealed to me to be able to take away some of that pain," she says.

For Dr. Elizabeth Holland's work with injured and orphaned wildlife at a Memphis nature center, the Volunteer Center of Memphis named her its outstanding adult volunteer in 1993.

DAN McCOMB / *THE COMMERCIAL APPEAL*

 Robert Kerr is a Commercial Appeal *staff writer.*

ILLUSTRATION: CLIFF NIELSEN

BY BOB LUPTON

NOT A PROJECT BUT A MAN

My phone rings, a little too early for a quiet Saturday morning. Mildly irritated, I put down the paper and shuffle across the kitchen to answer it. It is Pete calling from a phone booth on the other side of the park. I can tell from his low raspy tone that he has had a rough night. I know what he wants before he asks: Can he wash the FCS van this morning? I am not especially anxious to drag out the hose, bucket, brush, Windex, rags, and vacuum. Nor do I relish the "Can I use your bathroom?" or "Can I have a drink of water?" interruptions. But the morning is sunny and the van is dirty. So I say, "Sure, Pete, come on over."

Pete does a good job of cleaning the van—when he is sober. When he has been drinking, however, his work gets sloppy and his attitude testy. So we have an agreement: no work while under the influence. A morning hangover, however, is a tougher call and Pete doesn't always agree with my judgment. This morning, however, he arrives at my door sluggish but sober. His odor and the leaves that cling to his sweater tell me he spent the night in the park. He is hungry and broke. The $20 wash job is an encouraging start for his day.

I appreciate Pete's attention to detail. Though his personal hygiene is often lacking, he has an eye for cleanliness. By the time he finishes the van, its shine will equal any professional hand wash that could be found in the city. I feel good paying Pete a competitive wage for a job well done. I see the pride in his work. And he seems to genuinely appreciate my affirmation.

But there is a small problem. I have no way of knowing how Pete will spend the money I pay him. I know he needs food and lodging. I also know he has a drinking problem. There are no guarantees—even if I extract a promise from him—that the money will go for good purposes. Linda, my longtime friend and trusted ministry associate, says I am supporting Pete's habit. She insists I am being irresponsible by not providing some kind of accountability. Yet there is an unmistakable look of hurt in Pete's eyes when I offer him food vouchers, or a check made out to the local single residence occupancy hotel, instead of the money he has earned.

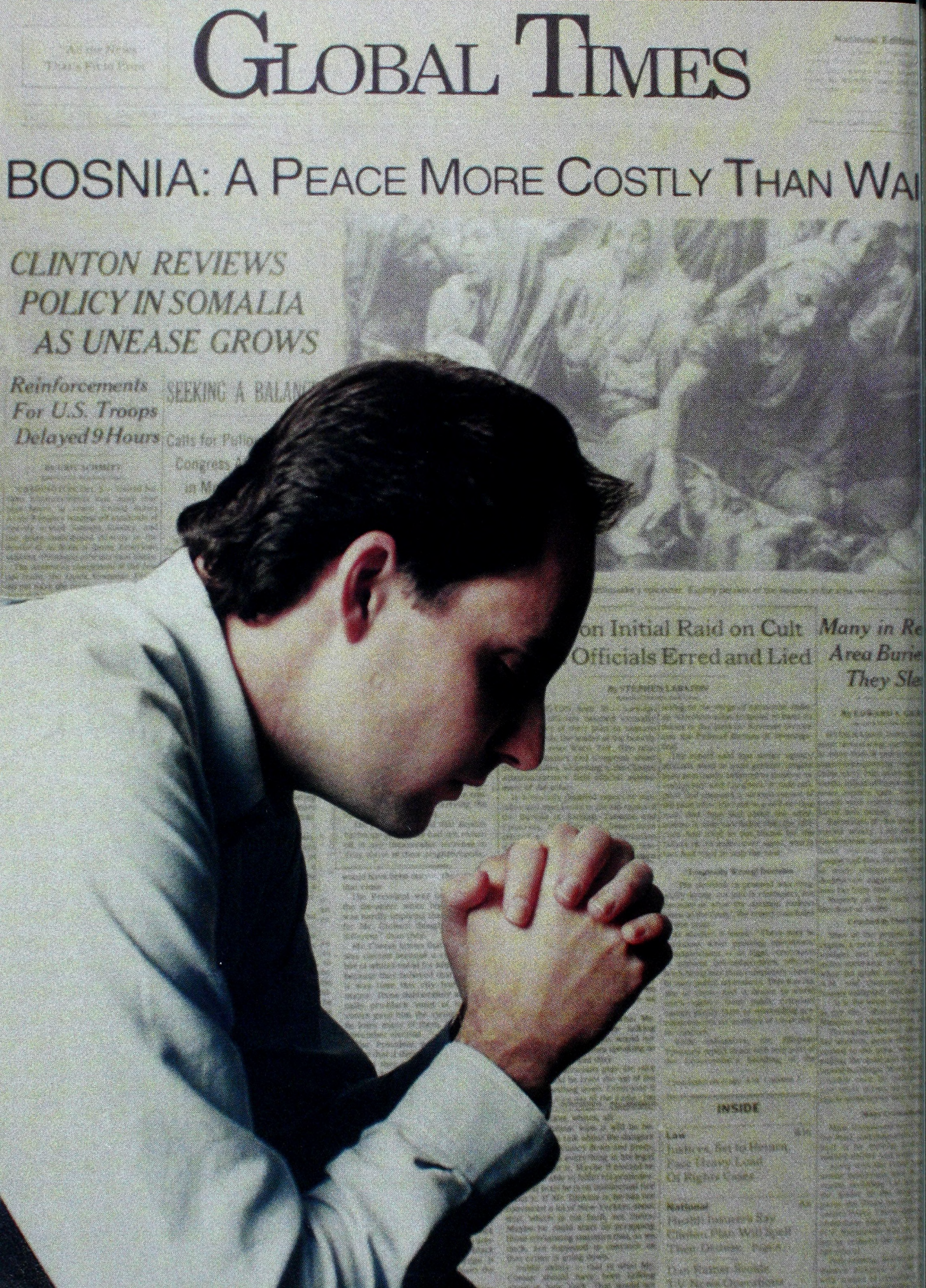
It's not like we haven't tried to help Pete. We've done all the right things: full-time employment, church life, supported living, 12-step group, residential-treatment program, prayer, confrontation, befriending—all without lasting results.

There is nothing I would like better than to corner him into a cure, to employ compassionate contingencies that would bring him to ultimate surrender before the Source of his healing. But for some reason our methods keep coming up short. There is a battleground deep within Pete's spirit accessible only to the unseen forces that war over his soul. External leverage may sway battles, but the war is an internal and entirely private affair. Its outcome will be measured more by miracle than method.

And while I pray for the miraculous, Pete continues to call me on Saturday mornings. With regularity he forces upon me the dilemma of "the lesser evil" (or is it "the greater good"?). Is it better to ensure that my resources are put to healthy uses or to affirm a man's work and dignity through fair compensation? Should I pay Pete with in-kind "script" that ensures the purchase of good things or do I pay an honest wage for a job well done and leave him with his freedom intact? More often than not Pete succumbs to his vice. I know this. I also know he wants the freedom to make his own choices, unhealthy though they often are. He has told me so.

Pete is a man. I will treat him like a man—not a project or a case or an alcoholic. He works hard and does not stoop to the indignity of begging. I will not demean him by imposing uninvited controls that diminish his manhood. He was created by God—free. I will respect him as such.

Bob Lupton is director of Atlanta-based FCS Ministries.


GLOBAL TIMES
BOSNIA: A PEACE MORE COSTLY THAN WAI
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INSIDE

Praying THE NEWS

BY JUNE MEARS

Praying the news reflects an essential aspect of our faith: action and contemplation. We cannot effectively act without prayer, and we cannot effectively pray without acting.

A year ago I attended a conference on contemplative prayer. One of the leaders gave us a long list of various prayer forms, including "praying the news." I was captivated by the idea. The next day in church I suggested that we pray the news during our congregational prayer time. We shared events in our city, our countries, and our world that concerned us. During the following months we prayed the news several more times in church.

At first, praying the news can imply a quick prayer after reading the newspaper or listening to the evening news. But it's more than this. Praying the news reflects an essential aspect of our faith: action and contemplation. We cannot effectively act without prayer, and we cannot effectively pray without acting.

To pray about events in our world, we must believe that God listens and responds to our prayers on behalf of others. There are three requirements for praying the news effectively: faith, stamina, and involvement.

The writer of Hebrews tells us: "Now faith is the assurance of things hoped for, the conviction of things not seen." Frankly, the mystery and confounding aspect of prayer is that we can't measure its effectiveness. When something happens as we have prayed, we don't kmow that it's a direct result of our prayers. We know too much how the physical and psychological worlds operate, and we tend to explain away results rather than believe in answered prayer.

For example, I lived in Los Angeles during the two trials of the police officers who beat Rodney King. During the first trial I didn't pray at all for the legal process, for the jury, for the witnesses, for the truth to be told and not distorted. We know the result of that verdict: The city was gripped by fear, anger, and hostility for more than three days. During the second trial, I prayed diligently. I know churches throughout the city were also praying for justice and peace. The result of this verdict: peace and, depending on who you talk to, justice.

We can explain away the difference. The second judge was wise to have the verdicts read on Saturday at 7 a.m., and the city officials were prepared. Or we can believe that God—in response to our prayers—gave the judge wisdom and enabled the city officials to be prepared. At some point we choose to believe that God is listening and moving on behalf of his children's prayers.

We pray for the world because God has called us to pray. Paul encourages us in Thessalonians to "pray without ceasing." Paul understood how easy it is to give up praying because we don't often see measurable results of our prayers. Or because something good happens, and we think we can stop praying about it. We need to continue praying. We still need to pray for Los Angeles—relations between racial groups remain strained and/or chillingly polite.

Diligent, unceasing prayer is work. It takes concentration. It requires stamina strengthened by faith. If all we can do is pray for 5 minutes, then pray those 5 minutes. But increase the prayer muscle by working up to 10 minutes.

Finally, effective prayer requires involvement. A basic level of involvement is awareness of the news media. When you see the television news images of skeletal-thin people suffering from famine in Somalia, pray for them. Pray for the families whose children have died of starvation. Pray for those involved in tribal warfare, which has killed thousands, including civilians caught in the cross fire.A second level of involvement is praying for a government. Pray God's goodness into that system. I sometimes pray God into a system by picturing someone breathing into another while trying to resuscitate that person. Breathe God into government systems. If a bill is pending, pray for the committee, pray for the committee staff, pray for the lobbyists, and for the families of the government officials. Pray for wisdom and for eyes that see and ears that hear for those government employees. If necessary, take the next step: Write or fax the official, and invite others to do so.

We can use our knowledge of the physical and psychological realms in our prayers. Pray for rape survivors in the Serbia-Croatia-Bosnia war. We know enough about the consequences of rape to be able to pray for these women. While we don't know them by name, God does—their names are written in the palm of God's hand. We also can pray for the children conceived from this violence. We can pray (breathe) God into these wounded souls.

I like to use Pavlov's psychological discovery in my prayers. Lately, I have prayed this kind of prayer for the leaders of Haiti's *de facto* government: Whenever the lust of power seeps over them I ask

that God will put either a bad taste in their mouths or that an overwhelming nausea may seize them. I hope they will equate power with physical illness. Will it work? I am called to pray regardless of the results.

I also need to see and observe firsthand to pray effectively. This is the third level of involvement. This might include volunteering at a shelter or a crisis hot line, or visiting a country. Last spring I visited Haiti with a short-term missions group. Hearing Haitians' stories and seeing their faces has led me to both action and prayer for Haiti.

At a large church in Los Angeles, the women's prayer and Bible study is divided into groups assigned a "prayer quadrant" of the city. (See box above.) Once a quarter, these women drive their route's quadrant, taking notes on what they observe. They also visit the area's councilperson, ministries, and churches. It's the first time some of these suburban women have visited inner-city neighborhoods.

For several weeks after each visit, the women use the information they gathered to pray for the quadrant. Not only have their prayers become more effective, but their own lives have changed as well. Susan Badgett, who attends the women's prayer group, says, "Not only are the women praying for the larger city, they are now also concerned for their own neighborhoods."

June Mears is a free-lance writer living in Elkhart, Ind.

Timely Prayer Resources

- Steve Hawthorne and Graham Kendrick, authors of *Prayerwalking*, have, in the words of George Otis, "served up a marvelous guide to shoe-leather intercession."

  Christians worldwide have begun to prayerwalk their cities and nations for God. This book provides practical ideas on how to do it with success and enjoyment. The Creation House paperback can be purchased from your local Christian bookstore.

- Are you serious about praying daily for the needs of the world? If so, you can request World Vision's new monthly Prayer Guide by writing World Vision, Prayer Guide, P. O. Box 1131, Pasadena, CA 91131. It lists current prayer needs—one for each day—from some of the 90 countries in which World Vision works. New opportunities for prayer are sent from the field monthly.

NEXT TO THE LAST WORD

For more than 40 years, World Vision has rushed to disaster areas of the world—Ethiopia, Mexico, Nicaragua, the Philippines, Bangladesh, and many more. In terms of Acts 1:8, these have been our "Samaria" and quite literally the "uttermost parts of the world."

But recently, World Vision has been meeting more and more disaster needs in our "Judea" (Hurricane Andrew and the Midwest floods) and our "Jerusalem" (L.A. riots and the Northridge earthquakes).

Although cooperating with other agencies, World Vision works primarily with churches in the affected areas. After most agencies leave when the emergency needs are met, World Vision and the local churches remain. Re-establishing families takes time and effort.

When you next hear of a natural disaster anywhere in the world, please pray for World Vision (see "Praying the News," p. 20). More than likely, we'll be on our way with immediate relief and long-term partnership with neighborhood churches—a powerful witness of love through presence.

—Terry Madison

WORLD VISION

Volume 38, Number 2

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WORLD VISION magazine is published bimonthly by **WORLD VISION®**

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World Vision is a nonprofit, Christian humanitarian agency dedicated to serving God by helping people care for those in need. It ministers to children and families, provides emergency aid, fosters self-reliance, furthers evangelism, strengthens Christian leadership, and increases public awareness of poverty around the world.

Send all editorial correspondence and changes of address to WORLD VISION Magazine, 919 W. Huntington Drive, Monrovia, CA 91016. Please send address changes at least 30 days before moving and enclose the address label from a current copy. Member: Evangelical Press Association and Associated Church Press.

PREFERENTIAL OPTIONS FOR THE POOR

I wasn't satisfied with my choices. My traveling companion, a successful businessman, always recommended at least two. But that's the first thing one notices in a difficult environment, a land of extreme poverty, a harsh lifestyle envied by no one. There are no choices. At least, none of them good.

We were flying out of Katmandu, Nepal. That in itself was worth celebrating. The fog had collected in the valley. Rain was falling and the cloud ceiling touched the harsh landscape. No planes landed that day because of the weather and (no small thing) the fact that this international point of entry to the Himalayas does not have radar. Modern technology hasn't penetrated Nepal, and the advanced avionics of today's airplanes have been mocked by two tragic crashes in the nearby hills during the last year.

Only one plane was on the ground, belonging to Royal Nepal Airlines. Not much to choose from here, since the airline had only three. We found that the pilots were trained by the Swiss (comforting), but no one could answer the same question about the mechanics (discomforting). I began to feel a little vulnerable, but also fearful that this would be our last chance to escape a pea soup fog that might hold us captive for days.

We took off and immediately banked sharply. *Good*, I thought, *keep that rim of mountains to the outside*. The altitude climb, however, was anything but good. It was night. The plane was severely buffeted by strong winds swirling off the mountains. The pilots had an irritating habit of maintaining silence. They were alone with their instrument panel, their door closed. Our minds were open, however, fertile with thoughts of imminent disaster. Nothing to see. Nothing to hear. Just violent shaking and (we told ourselves) the unforgiving mountain fast approaching.

Normally, I can choose to be somewhere else. Normally, I can fly on airlines with a fleet of more than three planes. This wasn't normal. I missed my options. Concentrating on shaking fingers did not pass the time away. I felt helpless and vulnerable. In five minutes, however, it was over, and a now uneventful flight to Delhi continued.

"Always have at least two options." Such a concept would lead to frustration and depression for most of the world. Much of that world is desperately poor, and virtually no place is more poor than Nepal.

A Nepali farmer from a remote village is ecstatic. He has just sold his daughter for $140. The daughter brought him the equivalent of 10 years' wages. He is overjoyed!

Why? Weren't there better choices? What kind of environment would foster joy over the desecration of human dignity? One characterized by poverty. Not only poverty, but absolute poverty. Poverty, where the income level falls below which a minimum nutritionally adequate diet plus essential nonfood requirements is not affordable. People with no choices. Living on the edge of perpetual vulnerability. Tenuous life. Marginal existence. Poverty is the absence of choices. What happens when one falls below this "level"? Over time, usually sooner than later, there is death.

JON WARREN

A man follows a large rat to its hole. When the hole is located, the rat is shooed away, and the man eats the stored grain put away by the rat. A common exercise. Stealing from rats. Absolute poverty. But no better choice.

Vulnerability lasts longer than five minutes. Vulnerability is the ongoing common lot of much of the world's poor. We, however, entertain fear when the stock market drops 500 points in a day. Stomach muscles tighten, peptic ulcers begin, palms grow sweaty. The earth shakes and Richter scales go wild. For 15 seconds we experience paralyzing fear. We fly at night, between mountains, and our hands shake. But we are not used to the perpetual vulnerability of the world's poor.

A mother dies, and the death is blamed on the spirit of the child. The child is then intentionally abandoned. Helpless. Without choices. Absolute poverty, and getting worse. "Why *not* let her die? She's only a girl!" Death becomes reality when options are eliminated.

It has often been said that the poor have much to teach us. One of those lessons is persistence. With very little help, children live. Bodies grow. Minds develop. Eyes sparkle. With care, love, compassion, children on the string of death can climb back above the line. An amazing resilience, a child's response to God's intentions.

We have something to give, our little bit of intentional help. It's sharing our choices. Relinquishing some of our options so the odds of children seeing tomorrow can be increased. Reducing our insulation so a more sensitive presence can reach for and grasp poverty's hand. Bringing children back from the margins. Removing stumbling blocks from those most vulnerable. Enhancing life and human dignity, as it was meant to be, for all persons. Sharing an abundant life so all might experience a little more of life. Who knows? We all might choose to like it!

With care, love, compassion, children on the string of death can climb back above the line.

Published by
World Vision Inc.
P.O. Box 1131
Pasadena, CA
91131-0311

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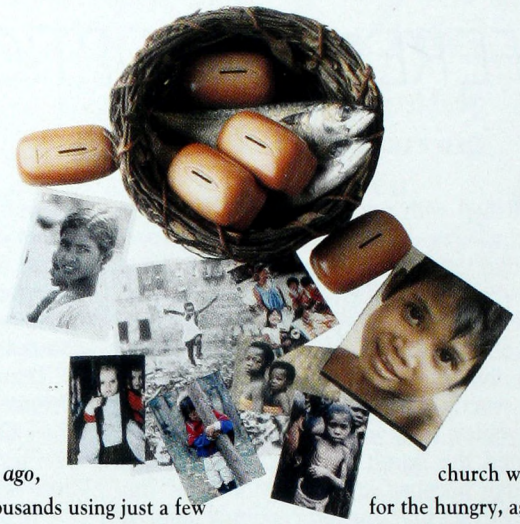
CONTENTS

COVER PHOTO: SUSIE POST

Your church can perform a modern-day miracle!



A long time ago, Jesus fed thousands using just a few loaves of bread and a couple fish. With food from one boy, He met the needs of an enormous crowd.

Today, with 40,000 children dying every day of hunger, *we need another miracle*. Our churches can be the place where miracles begin.

Last year, more than 2,000 churches like yours used these loaves and raised over $600,000 to feed hungry children. That money helped thousands of families survive. It helped to change their future.

Through participating in World Vision's Love Loaf program your church will care for the hungry, as Jesus taught. In the process, the lives of your congregation will also be changed. Members will experience God's joy in sharing. Children will learn compassion. All will share the fellowship of caring together for those who suffer.

Part of the money raised can also go to your own church projects. World Vision provides the Love Loaves at no cost to you.

Call or write today to order your Love Loaves or ask for more information.

Miracles can begin here!

Yes! I want to begin the Love Loaf program in my church.

- ☐ Please send us _____ loaves (one per household).
- ☐ We plan to distribute them on (date) _____.
- ☐ Please send me a sample Love Loaf and more information.
- ☐ Please call me.

Name _____

Position _____

Church _____

Address _____

City _____ State _____ Zip _____

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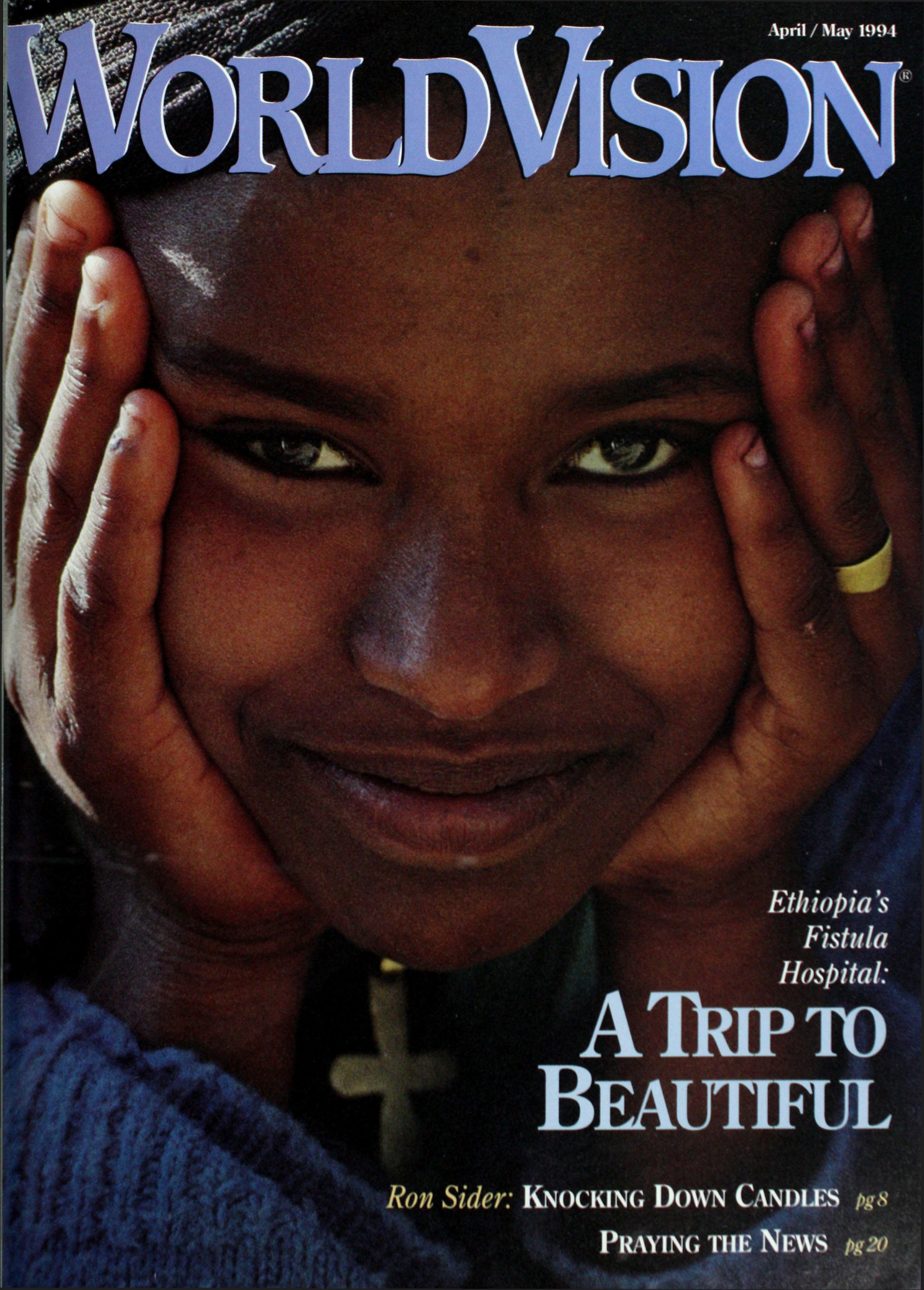
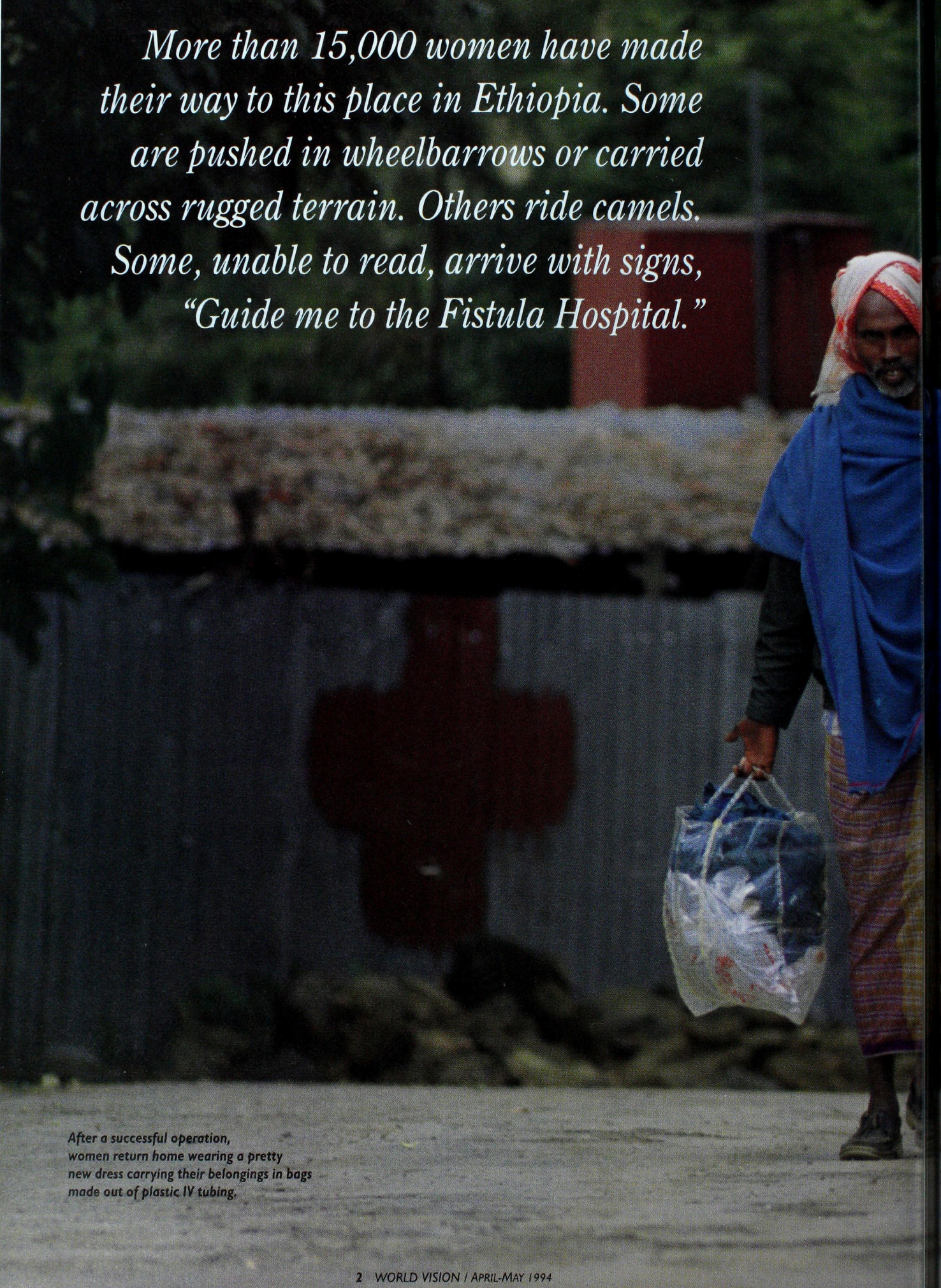


Ethiopia's Fistula Hospital:

A TRIP TO BEAUTIFUL

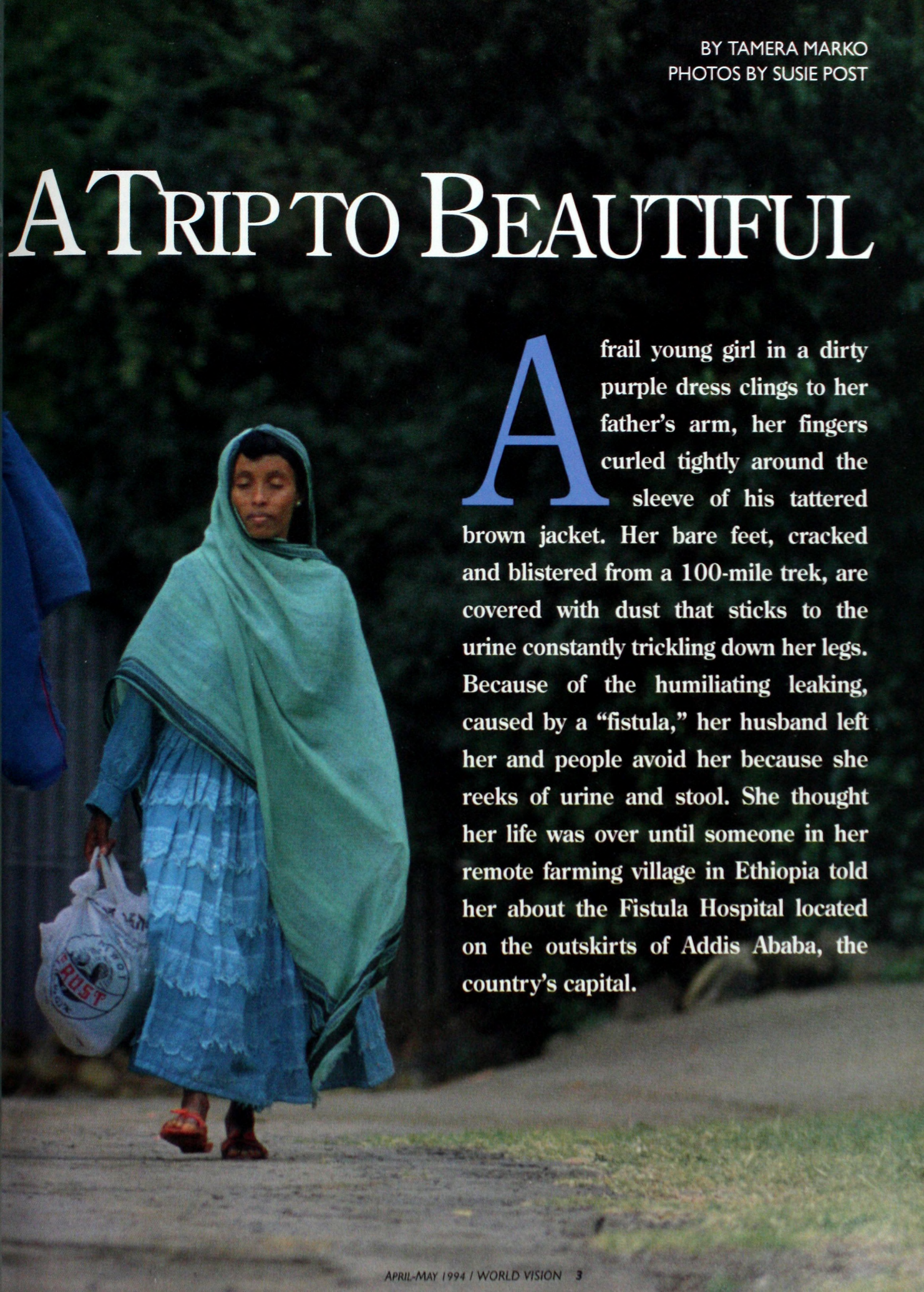
More than 15,000 women have made their way to this place in Ethiopia. Some are pushed in wheelbarrows or carried across rugged terrain. Others ride camels. Some, unable to read, arrive with signs, "Guide me to the Fistula Hospital."



After a successful operation, women return home wearing a pretty new dress carrying their belongings in bags made out of plastic IV tubing.

BY TAMERA MARKO
PHOTOS BY SUSIE POST

A TRIP TO BEAUTIFUL



A frail young girl in a dirty purple dress clings to her father's arm, her fingers curled tightly around the sleeve of his tattered brown jacket. Her bare feet, cracked and blistered from a 100-mile trek, are covered with dust that sticks to the urine constantly trickling down her legs. Because of the humiliating leaking, caused by a "fistula," her husband left her and people avoid her because she reeks of urine and stool. She thought her life was over until someone in her remote farming village in Ethiopia told her about the Fistula Hospital located on the outskirts of Addis Ababa, the country's capital.

To a rural girl, the city is terrifying. The streets are choked with taxis and cars spewing black clouds of diesel exhaust. Drivers recklessly weave through throngs of businessmen, jean-clad college students, and barefoot farm boys herding donkeys laden with wares to sell at Africa's largest market.

The hospital, a small, one-story white building, nestled among green trees and bright flowers, is a quiet refuge where about 800 "fistula women" come each year. Since 1975, when Dr. Catherine Hamlin and her late husband, Dr. Reg Hamlin, opened the hospital, more than 15,000 African women, mostly Ethiopian, have been healed there.

The girl who has just arrived peeks shyly at women of all ages wearing robes or hospital gowns, sitting in the warm November sunlight. A tall, thin white woman in her mid-60s strides toward her, looking neat and sharp in a white cotton shirt and pants. A green surgical mask hangs around her neck. In a cultured Australian accent, she introduces herself as Dr. Catherine Hamlin. Terrified, the girl begins to sob.

Catherine gently leads the girl into the small, sparsely furnished "Welcome Room," where she explains about the Fistula Hospital. Catherine tears a hole in the middle of a piece of paper and says, "You have a hole like this." As she pours water over the paper, it leaks through the hole and onto the floor. "Because of that hole, you leak urine." She then presses the torn paper against the window and seals the tattered edges shut with her fingers. "No pain—just a few stitches and the hole is closed," Catherine says. "After about three weeks you will go home in a pretty new dress." The girl smiles faintly.

Technically, the word fistula means "an abnormal communication between two surfaces." The Hamlins' hospital treats women with fistulas (holes) in their bladder or rectum caused by unattended, obstructed labor which lasts as long as five days. The baby pushes on the uterus, crushing the bladder. The bladder tissues are starved of blood supply and die, and the resulting tear is called a fistula.

Every five minutes the kidneys produce a teaspoonful of urine which, in a healthy bladder, is easily stored. A fistula victim, however, suffers a constant, uncontrollable trickle of urine.

How it all began

Australian physicians Reg and Catherine first came to Ethiopia in 1959. Reg, then 50, and Catherine, in her early 30s, came to work in a women's hospital in Addis Ababa. "I had thought about being a missionary when I was young, and Reg wanted to work in a developing country," says Catherine.

Initially they planned to stay just two years. But after seeing dozens of women suffering from fistulas arrive at the women's hospital, Reg and Catherine abandoned their original plan and set up a special clinic for "the fistula women." The Hamlins later raised funds to build a fistula hospital which opened in 1975. It has remained open throughout Ethiopia's recent tumultuous history.

The cause of fistulas is debated. Doctors say that child marriage contributes to the problem because girls become pregnant before their bodies have completely matured. In rural Ethiopia, where some traditions date more than 2,000 years, a woman's primary role is to care for her husband and bear him children—especially boys who will provide farm labor and take care of elderly parents. Arranged marriages

With new women arriving almost every day, the 45 hospital beds are always full. Girls who live at the hospital compound waiting for their operation spend their time helping other patients, spinning cotton, and talking with each other.

are common for girls as young as 12 years old.

Some authorities also say female circumcision is a major cause of fistulas (though Catherine disagrees, blaming instead, lack of medical care). Female circumcision, a tradition dating to ancient Egypt, involves removing all or part of a girl's external genitalia to eliminate sexual sensation and ensure virginity before marriage. Not usually performed by a doctor, the procedure is done without anesthesia while the girl is held down by family and other women in the community. The tradition is a celebrated rite of passage into womanhood, crucial for acceptance into rural Ethiopian society, where uncircumcised women are considered prostitutes and unmarriageable. An estimated 90 percent to 95 percent of women in Ethiopia are circumcised.

"The scarring that results from female circumcision is a major cause of obstructed labor during delivery," says Dr. Milton Amayun, who helped set up a Mother and Child Health project in northern Ethiopia between 1985 and 1986, and is now the director of International Programs of World Vision Relief and Development. He notes that there is a strong correlation between the large numbers of fistula cases in Ethiopia and female circumcision of girls before they reached puberty.

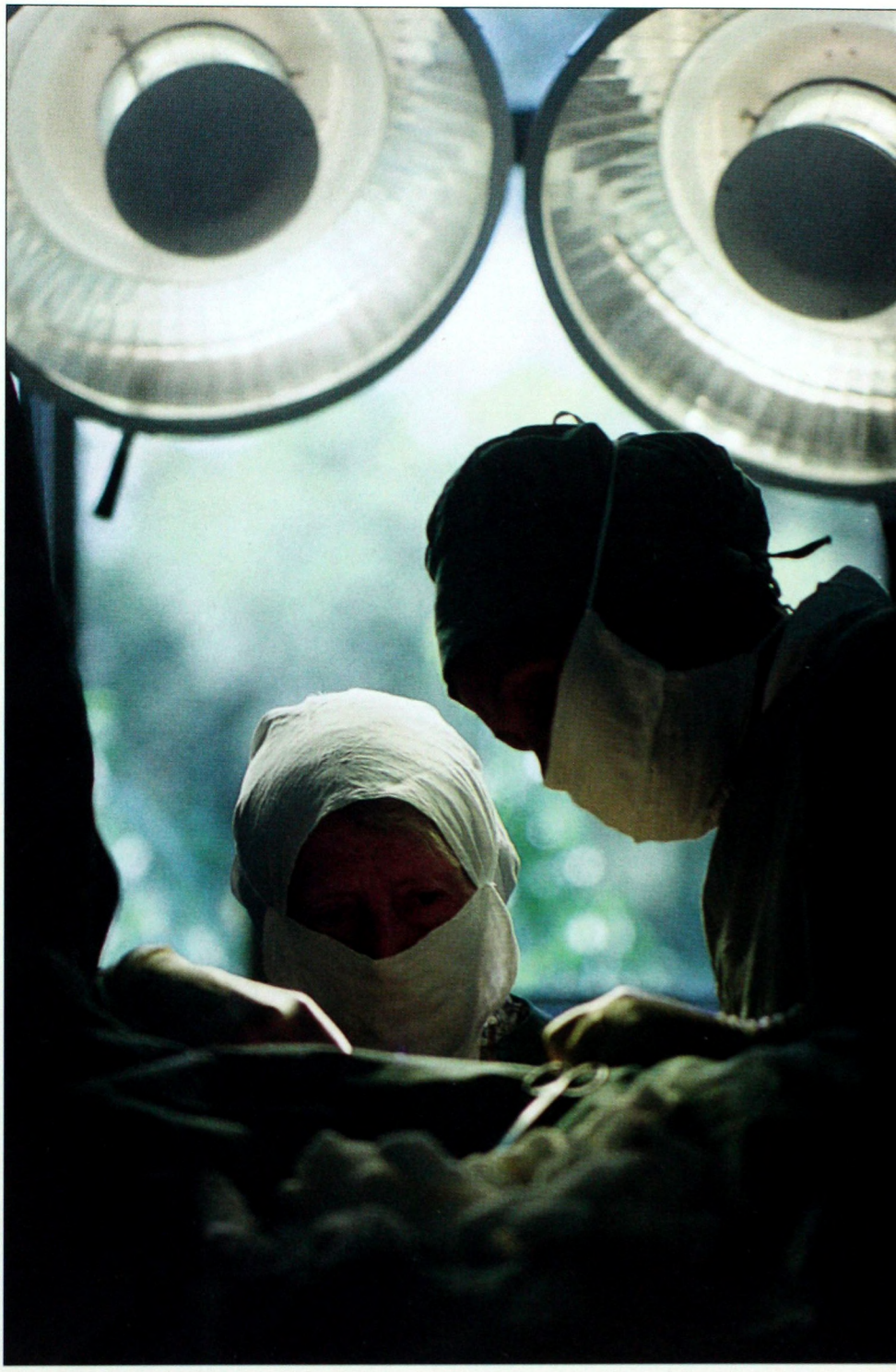
"Often the scar tissue requires removal by traditional birth attendants using traditional methods and instruments," he says. These instruments, which include razor blades, sharp rocks, and knives, are often unsterilized.

"One complication of this process is the high probability of tearing of normal tissue. Torn tissue leads to the formation of fistulas," Amayun says. "Tearing of tissue may also occur on the honeymoon night when scar tissue, the result of healing from circumcision wounds, has to be cut open with a kitchen knife so sexual intercourse can occur."

The frightened girl Catherine admitted this morning suffered a fistula this way. A village "doctor" accidentally cut a hole in her bladder while removing scar tissue after she was married at age 12.

Most Ethiopian women would not suffer from fistulas if they had access to modern medical care. A cesarean, Catherine says, would save babies and prevent fistulas. About 5 percent of women worldwide suffer from fistulas, but they are virtually nonexistent in towns with hospitals.

In modern cities like Addis Ababa, most women receive prenatal care and give birth in a hospital. But most of Ethiopia is hampered by poor communication lines, and vast mountains, rivers, and scorching lowlands that impede travel. The doctor-patient ratio in Ethiopia is about 1 to 80,000. When the average village girl feels the first sharp pain of labor, she is a 15-mile walk from the nearest road, let alone a hospital.



Dr. Catherine Hamlin, who co-founded the hospital with her husband Reg in 1975, often assists the staff with fistula operations.

A LIFE-CHANGING ILLNESS

Most of the fistula patients' husbands, disgusted by a wet bed, leave them. "They're not being cruel, really," Catherine says. In rural areas where good land and water are scarce, life depends on practical decisions for survival. "They just can't live with a woman who can't do anything and who smells horribly," she says.

In Ethiopia, parents usually welcome their daughter back home, but the stench forces her to sleep outside. She tries to work in the kitchen but flies gather. When one woman, blinded by cataracts, arrived at the hospital, she said, "Treat my fistula first. If my eyes are bad, people can still sit next to me, talk with me, feed me, and take care of me."

One Fistula Hospital patient, trying to hide her incontinence, stayed in bed

for so many months that she became too weak to walk. She must gain her strength before the doctors can operate.

Although the Fistula Hospital charges nothing, most women have difficulty getting there. Some are pushed in wheelbarrows or carried across rugged, rural terrain. Others ride camels or donkeys. Some, unable to read, arrive with signs, "Guide me to the Fistula Hospital." One woman arrived with a yellowed, 6-year-old doctor's note. She had been sitting at bus stops, begging for money and then taking the bus as far as she could afford.

When they finally reach the city, they are often thrown off public transportation, turned away from hospital waiting rooms (they are considered the lowest priority), and refused lodging when hotel maids discover soiled beds.

At the Fistula Hospital, however, they are warmly welcomed. Hospital staff examine them, explain the procedure, and give them the hospital phone number and an appointment for admittance. With new women arriving almost every day, the 45 hospital beds are always full. If a patient cannot stay nearby with friends or relatives, she joins the 20 or so women who live in the "waiting rooms," small sheds in the hospital compound with beds and a place to store their few belongings. They spend their days helping with the hospital duties and caring for the other patients.

A TYPICAL AFTERNOON

On a typical afternoon, the hospital compound is quiet. The nurses have made their morning rounds and the patients waiting for their operations have changed the beds. In the lush garden outside, the woman who cleans more than 300 sheets a day lugs a bundle of wet linens almost as large as herself. She smiles as she pins them up to dry.

Hazy sunlight spills in through windows on both sides of the large room where girls lie quietly under pale green blankets. Red roses in a large, elegant vase add cheerful color to the empty ledge above one of the beds. A few girls, curled on their sides facing each other, talk quietly.

Ndawok, 19, wearing her terry cloth robe, sweeps the floor to the rhythm of her humming. Ndawok is one of the hospital's 8 percent whose first fistula operation failed. She is living at the hospital for the three months required to heal before her second operation. She happily chats with another patient, Zenebech, as she passes by her bed.

Zenebech, 50, an elementary school teacher, is one of the few patients from Addis. Her husband brings one of her five children to visit every day. "I have a very, very good husband," she says, smiling. She came here after noticing slight incontinence. "My blood pressure would rise when I thought, *What will I do with my children if something happens to me?*"

A few beds down, 35-year-old Milashu congratulates another patient who just had her catheter removed today. "You drink a little water and see how it goes," Milashu tells the young girl in a warm, motherly tone.

THE "MAGIC" OPERATION

Neferu, 16, sits on the edge of a gurney in the operating room. Wearing a hospital gown, she dangles her feet nervously and blinks in the morning sunlight flooding the room. About eight operations are performed here twice a week, two or three at a time. The patients remain awake during the entire two- to four-hour procedure. If they start to feel pain, the girls are given ether, an anesthesia physicians in the West stopped using 50 years ago, but the safest form the Fistula Hospital has the technology to monitor.

Next to Neferu, a male medical student prepares one of the other two girls sitting on gurneys. Upon Catherine's persistent requests, the Ethiopian government now requires every gynecology student in the country to complete a two-month internship at the Fistula Hospital.

Neferu quietly watches as the young man injects a needle about 6 inches long into the girl's lower spine to numb her lower body. A nurse, who had a fistula operation years ago, gently holds the girl's grimacing face against her chest. Wide-eyed, Neferu looks away. Many of the 33-member staff are former fistula patients themselves.

At 9 a.m. Catherine sits down on a low stool at the foot of Neferu's gurney. Nurses watch as the doctor, her gloves steaming from hot water, cuts a thin

Female Circumcision: RITES OR RIGHTS

An estimated 84 million to 114 million women, mostly Muslim, have undergone some form of female circumcision, a tradition in which all or part of a girl's external genitalia are removed. Practiced in parts of Southeast Asia and widely in Africa and the Middle East, the ritual's purpose is to eliminate sexual sensation and ensure virginity before marriage. This celebrated rite of passage into womanhood is crucial for acceptance into Ethiopian rural society, where uncircumcised women are considered prostitutes and unmarriageable.

Dating to ancient Egypt, female circumcision is practiced by both Christians and Muslims, though the ritual is not sanctioned by either Christianity or Islam. The most extreme form is called infibulation in which the sides of the labia majora are excised, and the vulva is stitched together with thorns, leaving a tiny opening for urine and menstrual blood. The girl's legs are then bound until she heals. Not usually performed by a doctor, the procedure is done without anesthesia while the girl, as young as an infant, is held down by family or other women in the community.

Many women suffer complications, including clitoral cysts, urinary infections, menstrual blood retention, stones in the vagina, and deep scar tissue, which tears during childbirth, causing permanent injury. A few even bleed to death.

Human-rights activists in the West and in developing countries call the practice "female genital mutilation" (FGM). "Calling it circumcision distances us from the pain and violence that it really is," says Seble Dawit, an international human rights lawyer who was born in Ethiopia.

Since immigrants have brought this tradition with them to Western countries, FGM has recently been debated on television talk shows, and in newspaper editorials and courtrooms. Some European countries have legally banned the practice, and two congresswomen are pushing for legislation banning FGM in the United States.

Many from countries where FGM is common bitterly resent the recent media blitz about the issue and say that western values should not be imposed upon their cultures. Others argue that torture is not culture.

World Vision is working with women in countries where FGM is practiced to research appropriate and culturally sensitive ways to approach the issue. This research is part of of World Vision's Girl Child Initiative which already helps improve the educational, health, and social status of girls and women in its development and sponsorship projects.

—By Tamera Marko

About 92 percent of the fistula patients return home healed about three weeks after their operation. Upon Dr. Catherine Hamlin's persistent requests, every gynecology student in Ethiopia must now complete a two-month internship at the Fistula Hospital.

incision. Catherine peers over the table and asks Neferu, "*Gobonosh*? (Are you all right?)" Neferu nods.

An older woman in a wheelchair hands Catherine some gauze from a yellow bucket. A former fistula patient who was later paralyzed in a car accident, she holds up pieces of rewashed gauze to the light, checking for impurities. To save money, hospital staff carefully clean and reuse everything possible, including surgical instruments, needles, and gauze.

Memitu, a former fistula patient, begins the third surgery on Hemlem, 35, who had a failed operation one year ago. Memitu first came to the hospital when she was 14 years old, lying on a goat-skin stretcher carried by her uncle and brother. Although uneducated, she stayed on to help the Hamlins, and 10 years ago she began operating herself. With Reg and Catherine, she holds the Gold Medal of the Royal College of Surgeons in London.

Neferu's operation is finished in almost two hours. A nurse wheels her into the large room with the other girls. Some of the patients sit up, looking sympathetically at the newest patient being gingerly lifted into her bed and covered with blankets.

Back in the operating room, the medical student's patient is moaning, tears rolling down her face. The numbness has begun to wear off. The medical student, his forehead beaded with sweat, stitches her up as rapidly as possible. The woman in the wheelchair gently rubs the girl's forehead and with her other hand motions for some ether.

If the women's surgeries are a success they will be sent home in about three weeks with instructions not to remarry for at least three months. When they get pregnant again and feel the baby start to move, they must immediately start walking to a hospital and give a doctor their Fistula Hospital card. "If you don't do this next time," Catherine often warns her patients, "you might even die."

Waiting for a Cure

The day's operations finished, the nurses relax in a corner of the hospital room, while Catherine, still in her rumpled surgical clothes, fills out paperwork in her tiny office. Since Reg's death last year, Catherine shoulders the entire burden of raising funds and running the hospital. (World Vision provides about 50 percent of the hospital funding.) She hopes to work another 10 years and train a successor. But she is tired of "flying around the world raising money," and often worries, "If I die, we will be in trouble."

Outside, a few girls sit on the grass in the warm afternoon sun, spinning tufts of raw cotton around a wooden stick the way their tribes have made thread for centuries. Others braid plastic IV tubing into sturdy handles for bags they will use to carry their belongings home when they are healed. An older girl opens a Bible and begins reading out loud, part of the hospital's weekly program. Ndawok, still wearing her terry cloth robe, parts a friend's hair into neat sections for braiding.

The quiet moment is interrupted by a young girl, joyously skipping up the hill in a fresh, clean dress. She is going home today. She gently touches each girl's arm and kisses them on the cheek. Ndawok hugs her enthusiastically but as she watches the girl disappear through the gates, tears roll down her face. It has been so long since Ndawok has seen her own village. She sighs and resumes braiding her friend's hair.

A girl with urine-streaked legs sitting next to Ndawok slowly shakes an orange gourd, making butter out of the liquid inside. For a long time she makes a rhythmic swish, swish, swish and quietly stares at the sun setting beyond Catherine's rose garden, dreaming of the day she will return home in a pretty new dress, healthy, and ready to remarry and have a healthy baby. ◍

Susie Post is a free-lance photographer living in Ambridge, Pa.

ILLUSTRATION: SUSAN MC

Must We Knock Down Other People's Candles?

BY RON SIDER

I WATCHED A SAD SPECTACLE as I stood by Jesus' empty tomb last Easter. I wandered into the Church of the Holy Sepulchre in Jerusalem as a wide-eyed pilgrim. I was largely unfamiliar with the schedules (and ecclesiastical conflicts) at the massive old church that many believe was probably erected over the tomb where Jesus was placed. I joined a large crowd of people in front of the massive stone memorial over the tomb cut in the rock, watching as the Roman Catholic cardinal led an Easter service.

Part way through the celebration, Israeli police began clearing a path at the edge of the crowd. Behind them marched a group of Orthodox Christians loudly celebrating Jesus' triumphal entry into Jerusalem.

You see, the Western (Protestant and Catholic) Church and the Eastern (Orthodox) Church disagree on the date of Easter. And that produces bizarre conflicts in Jerusalem where they share the same buildings like the Church of the Holy Sepulchre.

The Catholics celebrating Easter had lighted dozens of small candles around the outside of the empty tomb. Suddenly an Orthodox priest stalked over to these candles and knocked them all down, snuffing out their flickering flames with quick angry strokes.

Amazed, I asked him why. "Because candles are forbidden," he retorted. "By whom?" I asked. "By me," came his annoyed reply. I tried to explain that I wasn't being critical. I merely wanted to understand. So I persisted: "Is it always forbidden to light candles here, or just sometimes?" He said, "Not until next Sunday." This was only Palm Sunday in his Orthodox Church calendar. Candles could be lighted again only at Easter. If the Catholics considered Palm Sunday to be Easter, so much the worse for them, their calendar, and their candles.

As the meaning of this little tragedy swept over me, I was overcome with sadness. I quietly walked to the large slab of marble where, according to tradition, they laid Jesus to prepare his body for burial. I kneeled with the people there and began to sob. Others were also weeping—in sympathy, I suppose, as they remembered the way Roman crucifixion had torn and broken Jesus' body on the cross. I wept over the ghastly tragedy of contemporary Christians tearing and desecrating Christ's one body today with their petty disputes and stubbornly held traditions.

Reminders of the brokenness of Christ's body are everywhere in the Holy Land. Catholics and Orthodox have rival sites for various events in Jesus' life. And when they agree on the location, they fight to control it. For many decades, a Muslim family has kept the key to the Church of the Holy Sepulchre because Christians cannot agree among themselves on who would control this holy place. And we cannot even agree on a common day to celebrate Jesus' birth, death, and resurrection.

Not all the blame belongs to the Catholics and Orthodox. Evangelicals go to Israel and almost totally ignore the present (largely Palestinian) local church. With our stubborn refusal to talk with Christians in other traditions, and our failure to work with local churches when we send missionaries to countries with ancient Christian churches, we contribute our full share to the rending of Christ's one body.

My God, what a scandal.

As I wept at his empty tomb last Easter, I asked our risen Lord to forgive his foolish quarreling followers. I asked him to help me discern and treasure the oneness of his body. As I wept, I renewed my commitment to live obediently in light of Jesus' prayer that we "may become perfectly one" so that the world may know that he came from the Father (John 17:23).

It is a sin to refuse to join in ecumenical dialogue and processes with other Christians who confess Jesus Christ as God and Savior. It is a sin to send our missionaries to other lands with long Christian traditions without first consulting with the churches already there. It is a sin to overlook working and praying to overcome the disagreements dividing Christians.

Last Easter, at the empty tomb, my Lord called me to a deeper commitment to be an ecumenical Christian.

Of course, I have not forgotten the genuine theological disagreements that divide us. We cannot ignore them. The way to resolve them, however, is by prayerfully submitting together to the Scriptures under the Spirit's guidance. I will always be an evangelical ecumenist. In fact, precisely because I believe God's Word that there is only "one body and one Spirit ... only one Lord, one faith, one baptism" (Eph. 4:56); precisely because it is my risen Lord who still prays that his body may be one so that the world may believe; precisely because I am an evangelical, I must also be ecumenical.

And we must try harder. For the next 100 years, I would be willing to celebrate Christmas and Easter according to the Orthodox calendar—if all Christians everywhere could just do it together. I am ready to go to ecumenical dialogues, and join ecumenical councils till I am worn out if I can contribute to greater unity in Christ's body. That will not mean sacrificing truth for unity. But it will mean embracing both unity and truth—and, I suggest, growing in my understanding of him who is the Truth as I further embrace his one body.

Thus far in my walk with Christ, lighting candles at places like the empty tomb have not been a significant means of spiritual devotion and growth. But please, Lord, let me listen long with loving care and gentle patience before I presume to knock down other people's candles.

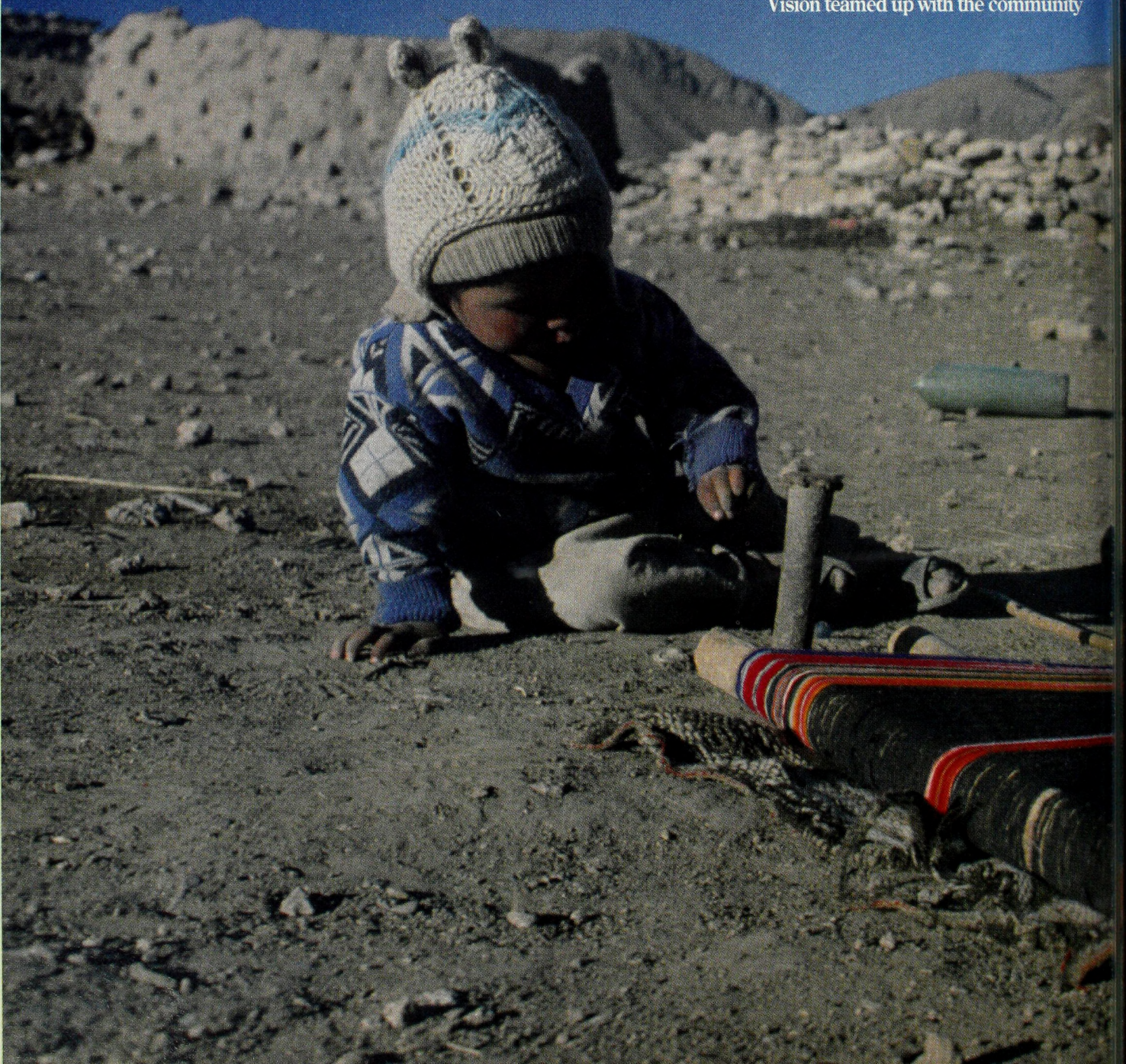
Ron Sider is executive director of Evangelicals for Social Action in Wynnewood, Pa.

SIGNS OF HOPE IN BOLIVIA

Leonarda Toribio de Villca keeps an eye on her 2-year-old son, Wilbur, as she weaves a wool shawl in front of her adobe brick home on the outskirts of the rural village Villcapujio, Bolivia. Six of Leonarda and her husband's 11 children have died, she believes, from drinking water from the shallow, polluted stream trickling through her village. In this community, 198 miles south of the country's capital, La Paz, many of the 380 residents used to suffer from chronic diarrhea, respiratory problems, and skin diseases.

Life can be harsh in Villcapujio. Families struggle to farm the hard, rocky ground that gives Villcapujio a lunar appearance. Boulders the size of bowling balls help keep severe winds from tearing metal sheet roofs off buildings. Women and girls guide sheep over dusty hillsides, searching for richer grazing land. For generations, these residents lived without electricity and depended on a contaminated stream for water.

The health of Leonarda's other children, however, has improved greatly since 1990 when World Vision teamed up with the community



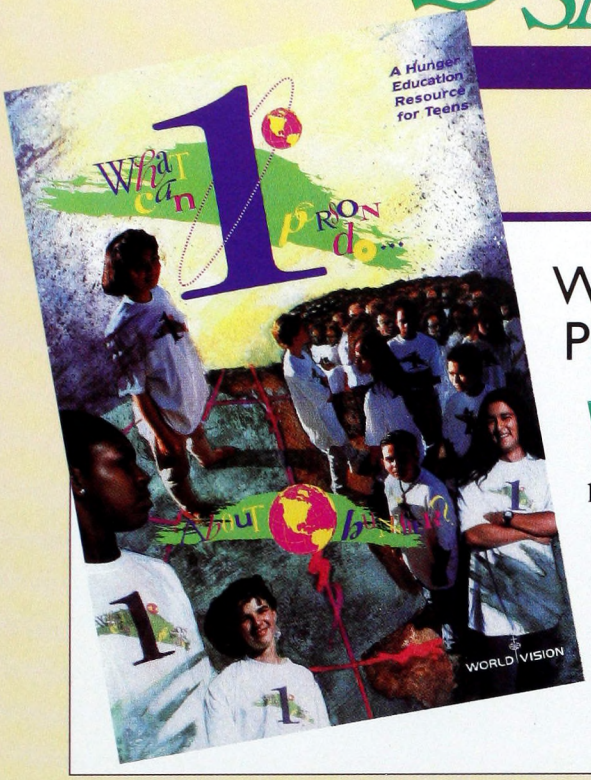
to dig wells and install handpumps. World Vision also helped construct a community center, including a multipurpose room, a kitchen, an office, and a staff room also used for medical exams during regular visits by a doctor and nurse team. Leonarda's children are among 145 sponsored youngsters who receive breakfast there on Friday, Saturday, and Sunday mornings. Most of the village women attend a weekly health and hygiene class, preceded by a Bible study, at the center.

Today, 20 wells are fully operational, and five more will be dug soon. Leonarda is grateful for the clean water and health instruction that have reduced common illnesses by 40 percent and the mortality rate to virtually zero.

Story and photo by Randy Miller, managing editor of Together, *a quarterly relief and development journal published by World Vision International.*

SAMARITAN SAMPLER

RESOURCES FOR HELPING OTHERS IN THE NAME OF CHRIST



WHAT CAN 1 PERSON DO?

World Vision's Office of Advocacy and Education has designed a hunger education kit for teens that can help make a difference in hungry people's lives. The four Personal Action Kits (PAKs) and Leader's Guide accompany the 16-minute video of personal stories about hunger and its causes.

You can connect the short video stories with games and facts about people who live in Guatemala City's dump, land mine victims in Mozambique's war, girls in India, and homeless families in the United States. Each PAK concludes with "Getting Stretched . . . What Can 1 Person Do?", suggested activities on how you or your church group can get involved with hungry people worldwide.

To order the $18 packet or for more information, contact World Vision's Office of Advocacy and Education, (818) 357-1111, ext. 3437. For 30 Hour Famine information, call (800) 7-FAMINE.

YOU CAN CHANGE THE WORLD

No matter how young you are, you can change the world! How? Through prayer!

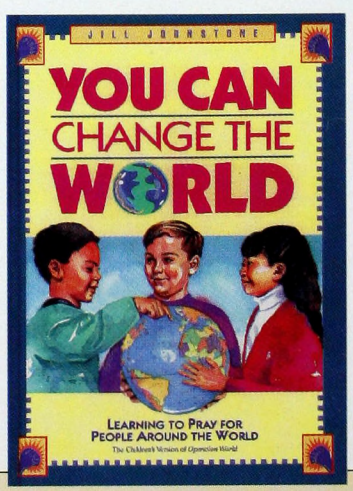
Jill Johnstone's *You Can Change the World: Learning to Pray for People Around the World* is about praying for people worldwide who have not yet heard about Jesus Christ. In *You Can Change the World*, you learn about 26 countries and 26 unreached people groups. You'll read about the wandering Gypsies of Europe or about Bhutan—land of the thunder dragon. And you will be saddened to read about the Kurds—a people without a home. A child or family reading and praying through one section a week will finish the book in one year.

The book is arranged alphabetically by country. Each section contains a colorful country flag, maps, illustrations, facts, stories, and seven prayers to interest children in their own time alone with Jesus to remember other youngsters in different cultures.

The book also contains information about other world religions, from animism to Islam, and about Christian organizations that will send information about a country or an unreached people group on request.

Jill's husband, Patrick, wrote *Operation World*, the adult version of *You Can Change the World*.

You Can Change the World costs $14.99 at local Christian bookstores. For information, call (800) 727-3480.



MISSION TO CHINA PROJECT

The Christian Medical Association (CMA) seeks Christian general practitioners, internists, surgeons, ophthalmologists, obstetricians, gynecologists, cardiologists, optometrists, and general nurses to volunteer their services to the China Project, Sept. 10 to 25.

The medical missions team will work in 10 village clinics per day, treating patients or referring them to local hospitals for surgery or follow-up procedures. Doctors will also visit hospitals in Beijing and Shanghai.

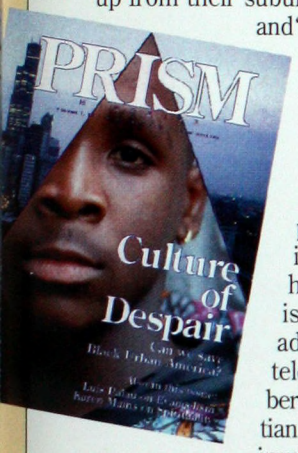
CMA, with 30 years experience in short-term medical missions, will organize the trip and provide all training.

For more information or to donate funds for medicine, contact CMA at P.O. Box 3501, Seal Beach, CA 90740, (310) 592-3791.

Compiled and written by Stephanie Stevenson

PRISM LIGHTS

Prism Magazine, a new, contemporary and biblical Christian magazine for leaders and laypeople, encourages Christians to wake up from their suburban lifestyles and "live out" the 20th-century gospel in practical ways, like taking food to street people or working in an AIDS hospice. Every issue contains addresses and telephone numbers of U.S. Christian organizations involved in practical "hands-on" ministry.



Article topics range from "what's up" in politics, current events, and missions to one person's view of what Christian discipleship looks like. Writers include Samuel Escobar, Tony Campolo, Karen Mains, John Perkins, and Luis Palau.

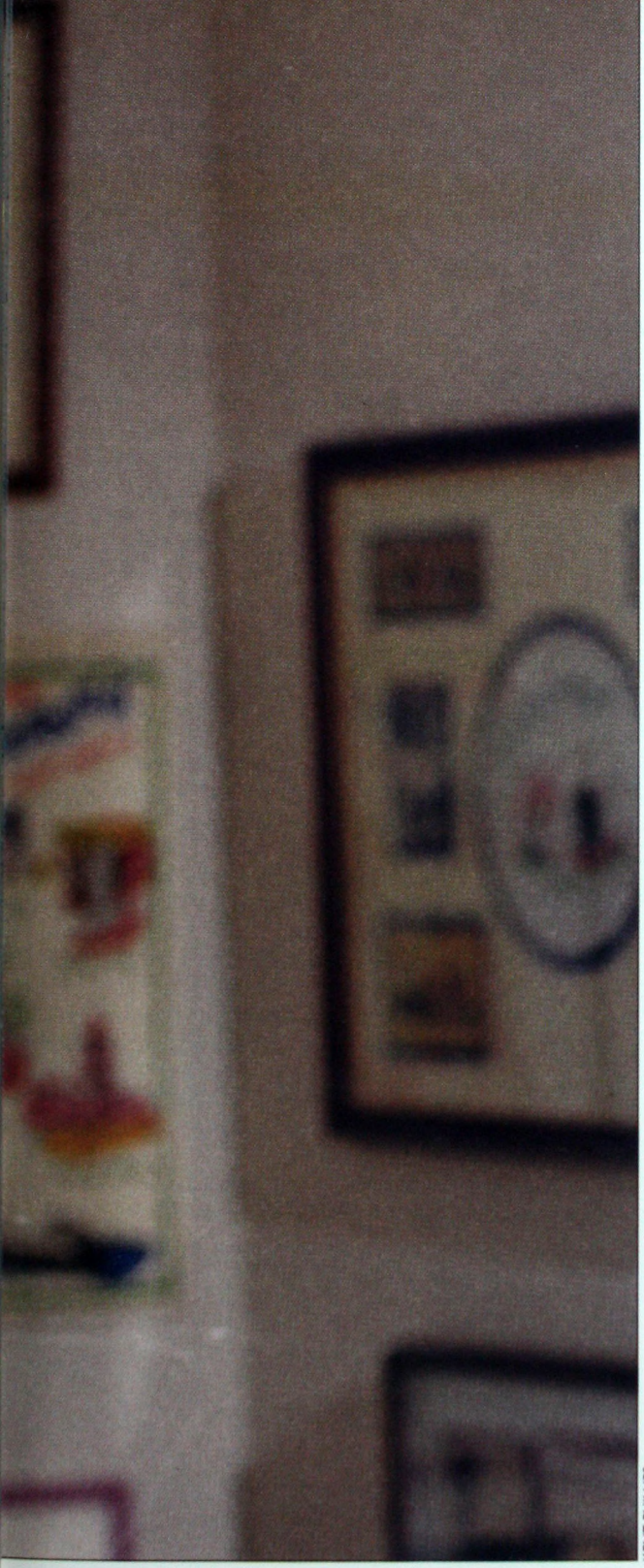
Prism Magazine is published by Ron Sider and edited by Gordon Aeschliman for Evangelicals for Social Action. Annual subscription for *Prism Magazine*, published 10 times a year, cost $30 in the United States.

For more information, contact Dwight Ozard, *Prism Magazine*, 10 Lancaster Ave., Wynnewood, PA 19096, (215) 645-9390.

If you want to join the poor of God, first distribute your goods to the poor.
—St. Francis of Assisi

Dr. Elizabeth Holland, in her Memphis home, holds a musical instrument from Zaire where she volunteered her medical skills for World Vision.

From Thailand to Tennessee, Dr. Elizabeth Holland has volunteered her time to care for the world's sick and suffering.



KENT PHILLIPS

You might say she's a doctor who still makes house calls. Even if the "house" is in the middle of an African civil war. Take the appendectomy she performed one day in 1985. The "operating room" was a mud hut deep in the jungle of Zaire. The anesthetic was an animal tranquilizer that ran out in the middle of the operation. Outside, MiG jets were dropping bombs.

"I had to finish [the operation] without anesthetic. Every time he would scream, more of his guts would fall out. And whenever a bomb would hit, dirt from the hut would fall down on us," says Dr. Elizabeth "Bibba" Holland, a Memphis pediatrician who spent that year as a volunteer doctor for World Vision.

"I don't think I was ever scared in Africa," she says, "but that time I did pray for God to put me back in Memphis. Not because I was scared, but because I had made such a mess of the job."

Actually, she performed a virtual miracle considering the circumstances. Not only did her patient live, he is just one of many she has doctored in desperate situations around the world.

GIVING UNTIL IT HEALS

BY ROBERT KERR

A Giver, not a Taker

Even when she's in Memphis, Holland doesn't limit herself to her pediatrics practice. She has spent so much time working with injured and orphaned wildlife at a local nature center, the Volunteer Center of Memphis named her its outstanding adult volunteer at its Volunteer Recognition/Golden Rule awards in 1993.

She also has volunteered at the St. Peter Home for Children for more than 25 years. And she teaches classes at First Assembly of God Church and runs the night pediatrics clinic at Le Bonheur Children's Medical Center East one or two nights a week.

"She believes very firmly in giving back. She's not a taker, she's a giver. She sets an example for all of us. She's done so much in so many areas," says Elizabeth Duncan, executive director at the Volunteer Center.

Holland stays so busy during the week that she actually earns her living on the weekends, pulling a 48-hour shift at Pediatrics Associates. That gives her the rest of the week to pursue her various interests.

DR. ELIZABETH HOLLAND

Dr. Elizabeth Holland's job includes some unique hazards. In Africa, a witch doctor once demanded that Elizabeth leave, threatening to "take her apart in the middle of the night." Elizabeth told him she could not leave and asked to take his picture instead.

"Honestly, what I believe is that God gives every human some gifts, talents, abilities. And he wants us to give them to help somebody else. And whenever you do, you are refilled. So the greatest part for me is giving, because I am constantly renewed in return," she says.

"It's an aliveness that I think is the way we were meant to live, interconnected with each other rather than in isolation. I received more from Africa than I gave. Anytime I volunteer, I receive more than I give."

Friends say Holland, 53, goes about her work so quietly they are often unaware of much that she does.

"You almost have to pry it out of her. She doesn't bring it up herself," says Bob Barni, assistant curator and volunteer coordinator at Lichterman. "She is very nonassuming. She doesn't think what she does is anything special, just that these are things she should be doing."

What drives her? Holland says that making a difference has always been a strong motivator with her. When her mother would make her wash windows as a child, Holland always preferred doing the dirtiest ones because she could see more of a difference as she worked.

"It's a good life when you can make a difference. I learned a long time ago, you can't save the world. The Lord tells us to do what we can," she says. "It's very hard to hold a baby in your arms and watch it die. And I've had that happen probably 500 times at least. I learned to focus on the ones that survived. You have to look at what you accomplish, not what you can't accomplish."

Safe in the Center of God's Will

Holland developed such a perspective through her work in Africa and other impoverished areas. In 1983, she spent six months as a World Vision volunteer in Thailand. Then in 1984, she spent a year living and doctoring in a refugee camp on Zaire's border with Angola. The Angolan civil war sent thousands of refugees streaming into the camp. The only doctor in a village of some 40,000, Holland routinely saw 400 to 500 patients a day. One day, she saw more than 940.

"I used what medical supplies I could get. When I didn't have any, we punted. I frequently wrapped broken bones in magazines and used banana leafs for slings," she says.

Clothing and food were also in short supply. The only regular meal was a paste made from ground cassava-plant roots.

"It tasted like glue. The first few days, I thought I would die. But then I got to where it tasted pretty good. Sometimes when it rained we could get a few leaves from the trees to cook in with it for variety," Holland says.

The only place to bathe was a river popular with crocodiles. Another neighborhood hazard was a minefield just across the border in Angola. The mines often killed civilians or left them too injured to walk, so Holland would retrieve them.

"I learned if I got my nose down at ground level and crawled along on my stomach, I could see the mines. So I would make my way across, then throw them (the injured person) over my shoulder and carry them out the same way I had come over," she says.

Despite the harrowing conditions, Holland insists she never feared for herself. "I have been tired and hungry and thirsty, but I don't remember ever being afraid. I really believe the safest place anyone can be is in the center of God's will," she says.

"I can be in a nice house in Memphis, but if I am not in the center of God's will, I can be in great danger. But I can be in Africa in a mud hut with bombs falling around me, and if I am in the center of God's will, I have perfect peace and safety."

Even a close encounter with a witch doctor did not scare her off. They are still common in that part of Africa, she says, and consider outside physicians like her a threat. One confronted her in elaborate regalia made of straw and feathers.

"He told me I had to leave. I told him I couldn't leave if I wanted to. We were in the middle of the jungle, with no car and no roads," she says. "He proceeded to threaten me quite viciously. He said he was going to take me apart in the night. I'm not sure, but I think he also said something about having worms eat me. I said I was sorry, but I just couldn't leave."

Attempting to defuse the situation, she asked if she could take his photograph. She had her camera with her, but he refused and grew angrier. Then he raised the big stick he was carrying as if to spear her with it.

"I thought, I'm never going to get a chance like this again. I took this picture of him with the stick pointed at me, and then I ran away. He finally left, and I was never eaten by worms," she says. "I don't think he could have actually hurt me. I think the guys living in the camp probably would have murdered anything that touched me."

Holland's volunteer work abroad has also included some 20 two-week missions to poverty-ridden areas of South and Central America.

Tending Animal Refugees

Her volunteering at the Lichterman Nature Center has parallels with her work abroad. At the center, she tends to the needs of animals who are refugees from the encroachment of human civilization. The 65-acre center is home to a menagerie of animals, birds, and reptiles. Ideally, the injured or orphaned creatures will be returned to the wild.

"They either recover or stay with us for life. We consider it a failure if an animal can't be released. They were meant to live their lives free in the wild, not in a cage, no matter how kind we might be to them," Holland says.

Holland's contributions go far beyond her work with the animals, however. "She is just an extremely upbeat, positive person," Barni says. "Whenever staff people here have problems, she helps put everything in perspective. She helps everyone get back in an upbeat mood," he says. "She has supported the staff here as much as she has the animals. She doesn't act like she's just here to clean out cages and take care of animals."

Holland has no family of her own, a casualty of the busy pace she keeps.

"I probably should have. But I never had the time," she says.

She spends what spare time she has reading and traveling. She visits Yellowstone National Park once every year, and is planning a trip to Cancun, Mexico, where she loves to parasail. "I'm planning to bungee before long, too. I don't want to miss anything," she says.

Holland grew up in a small town in Alabama where she developed her love for reading. "I remember once looking around the library when I was about 12 and realizing there was all this knowledge I didn't have. So I started reading at least one book every week, and I've kept that up pretty much ever since," she says.

Holland went to Memphis to attend Rhodes College and then worked her way through medical school at the University of Tennessee, graduating in 1969.

"I think I always figured I would be a doctor. I wasn't a person who had a burning desire to help people or a burning desire to make money. I just liked learning about things. And I really liked the idea of understanding the human body," she says.

She has worked with Pediatrics Associates ever since completing her medical degree.

"The partners are real flexible. They cover for me when I'm gone on the missions," she says.

Holland thinks she entered pediatrics for the same reason she felt drawn to volunteer at Lichterman.

"The thing about both children and animals is that neither one can defend themselves or fight back. And when they are sick, neither one understands why it is hurting. They can't tell you what's wrong. I guess it appealed to me to be able to take away some of that pain," she says.

For Dr. Elizabeth Holland's work with injured and orphaned wildlife at a Memphis nature center, the Volunteer Center of Memphis named her its outstanding adult volunteer in 1993.

DAN McCOMB / THE COMMERCIAL APPEAL

BY BOB LUPTON

NOT A PROJECT BUT A MAN

ILLUSTRATION: CLIFF NIELSEN

My phone rings, a little too early for a quiet Saturday morning. Mildly irritated, I put down the paper and shuffle across the kitchen to answer it. It is Pete calling from a phone booth on the other side of the park. I can tell from his low raspy tone that he has had a rough night. I know what he wants before he asks: Can he wash the FCS van this morning? I am not especially anxious to drag out the hose, bucket, brush, Windex, rags, and vacuum. Nor do I relish the "Can I use your bathroom?" or "Can I have a drink of water?" interruptions. But the morning is sunny and the van is dirty. So I say, "Sure, Pete, come on over."

Pete does a good job of cleaning the van—when he is sober. When he has been drinking, however, his work gets sloppy and his attitude testy. So we have an agreement: no work while under the influence. A morning hangover, however, is a tougher call and Pete doesn't always agree with my judgment. This morning, however, he arrives at my door sluggish but sober. His odor and the leaves that cling to his sweater tell me he spent the night in the park. He is hungry and broke. The $20 wash job is an encouraging start for his day.

I appreciate Pete's attention to detail. Though his personal hygiene is often lacking, he has an eye for cleanliness. By the time he finishes the van, its shine will equal any professional hand wash that could be found in the city. I feel good paying Pete a competitive wage for a job well done. I see the pride in his work. And he seems to genuinely appreciate my affirmation.

But there is a small problem. I have no way of knowing how Pete will spend the money I pay him. I know he needs food and lodging. I also know he has a drinking problem. There are no guarantees—even if I extract a promise from him—that the money will go for good purposes. Linda, my longtime friend and trusted ministry associate, says I am supporting Pete's habit. She insists I am being irresponsible by not providing some kind of accountability. Yet there is an unmistakable look of hurt in Pete's eyes when I offer him food vouchers, or a check made out to the local single residence occupancy hotel, instead of the money he has earned.

It's not like we haven't tried to help Pete. We've done all the right things: full-time employment, church life, supported living, 12-step group, residential-treatment program, prayer, confrontation, befriending—all without lasting results.

There is nothing I would like better than to corner him into a cure, to employ compassionate contingencies that would bring him to ultimate surrender before the Source of his healing. But for some reason our methods keep coming up short. There is a battleground deep within Pete's spirit accessible only to the unseen forces that war over his soul. External leverage may sway battles, but the war is an internal and entirely private affair. Its outcome will be measured more by miracle than method.

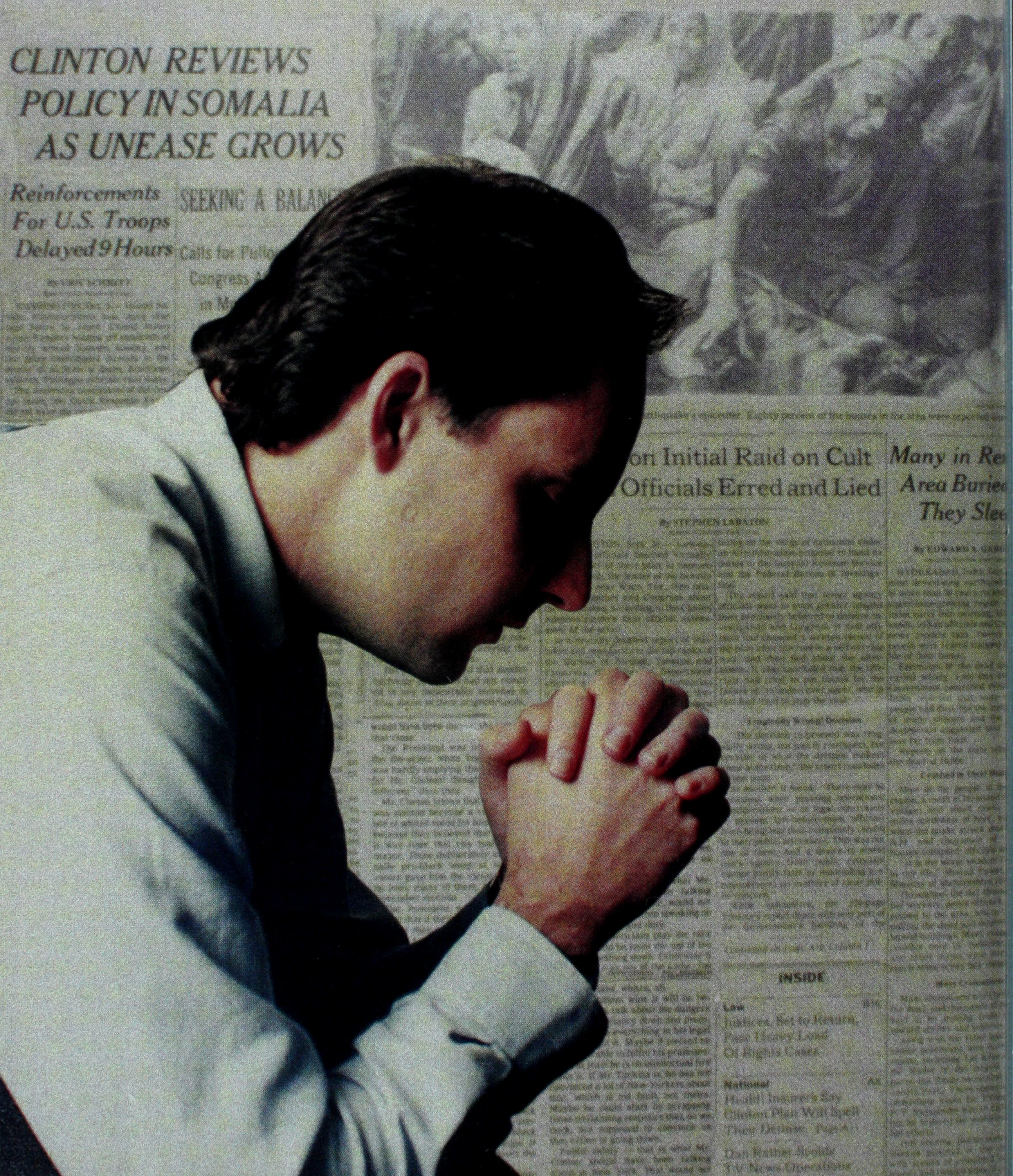
And while I pray for the miraculous, Pete continues to call me on Saturday mornings. With regularity he forces upon me the dilemma of "the lesser evil" (or is it "the greater good"?). Is it better to ensure that my resources are put to healthy uses or to affirm a man's work and dignity through fair compensation? Should I pay Pete with in-kind "script" that ensures the purchase of good things or do I pay an honest wage for a job well done and leave him with his freedom intact? More often than not Pete succumbs to his vice. I know this. I also know he wants the freedom to make his own choices, unhealthy though they often are. He has told me so.

Pete is a man. I will treat him like a man—not a project or a case or an alcoholic. He works hard and does not stoop to the indignity of begging. I will not demean him by imposing uninvited controls that diminish his manhood. He was created by God—free. I will respect him as such.

Bob Lupton is director of Atlanta-based FCS Ministries.

GLOBAL TIMES

BOSNIA: A PEACE MORE COSTLY THAN WAR



Praying THE NEWS

BY JUNE MEARS

Praying the news reflects an essential aspect of our faith: action and contemplation. We cannot effectively act without prayer, and we cannot effectively pray without acting.

A year ago I attended a conference on contemplative prayer. One of the leaders gave us a long list of various prayer forms, including "praying the news." I was captivated by the idea. The next day in church I suggested that we pray the news during our congregational prayer time. We shared events in our city, our countries, and our world that concerned us. During the following months we prayed the news several more times in church.

At first, praying the news can imply a quick prayer after reading the newspaper or listening to the evening news. But it's more than this. Praying the news reflects an essential aspect of our faith: action and contemplation. We cannot effectively act without prayer, and we cannot effectively pray without acting.

To pray about events in our world, we must believe that God listens and responds to our prayers on behalf of others. There are three requirements for praying the news effectively: faith, stamina, and involvement.

The writer of Hebrews tells us: "Now faith is the assurance of things hoped for, the conviction of things not seen." Frankly, the mystery and confounding aspect of prayer is that we can't measure its effectiveness. When something happens as we have prayed, we don't kmow that it's a direct result of our prayers. We know too much how the physical and psychological worlds operate, and we tend to explain away results rather than believe in answered prayer.

For example, I lived in Los Angeles during the two trials of the police officers who beat Rodney King. During the first trial I didn't pray at all for the legal process, for the jury, for the witnesses, for the truth to be told and not distorted. We know the result of that verdict: The city was gripped by fear, anger, and hostility for more than three days. During the second trial, I prayed diligently. I know churches throughout the city were also praying for justice and peace. The result of this verdict: peace and, depending on who you talk to, justice.

We can explain away the difference. The second judge was wise to have the verdicts read on Saturday at 7 a.m., and the city officials were prepared. Or we can believe that God—in response to our prayers—gave the judge wisdom and enabled the city officials to be prepared. At some point we choose to believe that God is listening and moving on behalf of his children's prayers.

We pray for the world because God has called us to pray. Paul encourages us in Thessalonians to "pray without ceasing." Paul understood how easy it is to give up praying because we don't often see measurable results of our prayers. Or because something good happens, and we think we can stop praying about it. We need to continue praying. We still need to pray for Los Angeles—relations between racial groups remain strained and/or chillingly polite.

Diligent, unceasing prayer is work. It takes concentration. It requires stamina strengthened by faith. If all we can do is pray for 5 minutes, then pray those 5 minutes. But increase the prayer muscle by working up to 10 minutes.

Finally, effective prayer requires involvement. A basic level of involvement is awareness of the news media. When you see the television news images of skeletal-thin people suffering from famine in Somalia, pray for them. Pray for the families whose children have died of starvation. Pray for those involved in tribal warfare, which has killed thousands, including civilians caught in the cross fire.A second level of involvement is praying for a government. Pray God's goodness into that system. I sometimes pray God into a system by picturing someone breathing into another while trying to resuscitate that person. Breathe God into government systems. If a bill is pending, pray for the committee, pray for the committee staff, pray for the lobbyists, and for the families of the government officials. Pray for wisdom and for eyes that see and ears that hear for those government employees. If necessary, take the next step: Write or fax the official, and invite others to do so.

We can use our knowledge of the physical and psychological realms in our prayers. Pray for rape survivors in the Serbia-Croatia-Bosnia war. We know enough about the consequences of rape to be able to pray for these women. While we don't know them by name, God does—their names are written in the palm of God's hand. We also can pray for the children conceived from this violence. We can pray (breathe) God into these wounded souls.

I like to use Pavlov's psychological discovery in my prayers. Lately, I have prayed this kind of prayer for the leaders of Haiti's *de facto* government: Whenever the lust of power seeps over them I ask

that God will put either a bad taste in their mouths or that an overwhelming nausea may seize them. I hope they will equate power with physical illness. Will it work? I am called to pray regardless of the results.

I also need to see and observe firsthand to pray effectively. This is the third level of involvement. This might include volunteering at a shelter or a crisis hot line, or visiting a country. Last spring I visited Haiti with a short-term missions group. Hearing Haitians' stories and seeing their faces has led me to both action and prayer for Haiti.

At a large church in Los Angeles, the women's prayer and Bible study is divided into groups assigned a "prayer quadrant" of the city. (See box above.) Once a quarter, these women drive their route's quadrant, taking notes on what they observe. They also visit the area's councilperson, ministries, and churches. It's the first time some of these suburban women have visited inner-city neighborhoods.

For several weeks after each visit, the women use the information they gathered to pray for the quadrant. Not only have their prayers become more effective, but their own lives have changed as well. Susan Badgett, who attends the women's prayer group, says, "Not only are the women praying for the larger city, they are now also concerned for their own neighborhoods." ⊕

June Mears is a free-lance writer living in Elkhart, Ind.

Timely Prayer Resources

- Steve Hawthorne and Graham Kendrick, authors of *Prayerwalking*, have, in the words of George Otis, "served up a marvelous guide to shoe-leather intercession."

  Christians worldwide have begun to prayerwalk their cities and nations for God. This book provides practical ideas on how to do it with success and enjoyment. The Creation House paperback can be purchased from your local Christian bookstore.

- Are you serious about praying daily for the needs of the world? If so, you can request World Vision's new monthly Prayer Guide by writing World Vision, Prayer Guide, P. O. Box 1131, Pasadena, CA 91131. It lists current prayer needs—one for each day—from some of the 90 countries in which World Vision works. New opportunities for prayer are sent from the field monthly.

NEXT TO THE LAST WORD

For more than 40 years, World Vision has rushed to disaster areas of the world—Ethiopia, Mexico, Nicaragua, the Philippines, Bangladesh, and many more. In terms of Acts 1:8, these have been our "Samaria" and quite literally the "uttermost parts of the world."

But recently, World Vision has been meeting more and more disaster needs in our "Judea" (Hurricane Andrew and the Midwest floods) and our "Jerusalem" (L.A. riots and the Northridge earthquakes).

Although cooperating with other agencies, World Vision works primarily with churches in the affected areas. After most agencies leave when the emergency needs are met, World Vision and the local churches remain. Re-establishing families takes time and effort.

When you next hear of a natural disaster anywhere in the world, please pray for World Vision (see "Praying the News," p. 20). More than likely, we'll be on our way with immediate relief and long-term partnership with neighborhood churches—a powerful witness of love through presence.

—Terry Madison

WORLD VISION

Volume 38, Number 2

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PrePress **Colormation, Inc.**
Printer **Danner Press**

WORLD VISION magazine is published bimonthly by WORLD VISION®

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Send all editorial correspondence and changes of address to WORLD VISION Magazine, 919 W. Huntington Drive, Monrovia, CA 91016. Please send address changes at least 30 days before moving and enclose the address label from a current copy. Member: Evangelical Press Association and Associated Church Press.

PREFERENTIAL OPTIONS FOR THE POOR

I wasn't satisfied with my choices. My traveling companion, a successful businessman, always recommended at least two. But that's the first thing one notices in a difficult environment, a land of extreme poverty, a harsh lifestyle envied by no one. There are no choices. At least, none of them good.

We were flying out of Katmandu, Nepal. That in itself was worth celebrating. The fog had collected in the valley. Rain was falling and the cloud ceiling touched the harsh landscape. No planes landed that day because of the weather and (no small thing) the fact that this international point of entry to the Himalayas does not have radar. Modern technology hasn't penetrated Nepal, and the advanced avionics of today's airplanes have been mocked by two tragic crashes in the nearby hills during the last year.

Only one plane was on the ground, belonging to Royal Nepal Airlines. Not much to choose from here, since the airline had only three. We found that the pilots were trained by the Swiss (comforting), but no one could answer the same question about the mechanics (discomforting). I began to feel a little vulnerable, but also fearful that this would be our last chance to escape a pea soup fog that might hold us captive for days.

We took off and immediately banked sharply. *Good*, I thought, *keep that rim of mountains to the outside*. The altitude climb, however, was anything but good. It was night. The plane was severely buffeted by strong winds swirling off the mountains. The pilots had an irritating habit of maintaining silence. They were alone with their instrument panel, their door closed. Our minds were open, however, fertile with thoughts of imminent disaster. Nothing to see. Nothing to hear. Just violent shaking and (we told ourselves) the unforgiving mountain fast approaching.

Normally, I can choose to be somewhere else. Normally, I can fly on airlines with a fleet of more than three planes. This wasn't normal. I missed my options. Concentrating on shaking fingers did not pass the time away. I felt helpless and vulnerable. In five minutes, however, it was over, and a now uneventful flight to Delhi continued.

"Always have at least two options." Such a concept would lead to frustration and depression for most of the world. Much of that world is desperately poor, and virtually no place is more poor than Nepal.

A Nepali farmer from a remote village is ecstatic. He has just sold his daughter for $140. The daughter brought him the equivalent of 10 years' wages. He is overjoyed!

Why? Weren't there better choices? What kind of environment would foster joy over the desecration of human dignity? One characterized by poverty. Not only poverty, but absolute poverty. Poverty, where the income level falls below which a minimum nutritionally adequate diet plus essential nonfood requirements is not affordable. People with no choices. Living on the edge of perpetual vulnerability. Tenuous life. Marginal existence. Poverty is the absence of choices. What happens when one falls below this "level"? Over time, usually sooner than later, there is death.

JON WARREN

A man follows a large rat to its hole. When the hole is located, the rat is shooed away, and the man eats the stored grain put away by the rat. A common exercise. Stealing from rats. Absolute poverty. But no better choice.

Vulnerability lasts longer than five minutes. Vulnerability is the ongoing common lot of much of the world's poor. We, however, entertain fear when the stock market drops 500 points in a day. Stomach muscles tighten, peptic ulcers begin, palms grow sweaty. The earth shakes and Richter scales go wild. For 15 seconds we experience paralyzing fear. We fly at night, between mountains, and our hands shake. But we are not used to the perpetual vulnerability of the world's poor.

A mother dies, and the death is blamed on the spirit of the child. The child is then intentionally abandoned. Helpless. Without choices. Absolute poverty, and getting worse. "Why *not* let her die? She's only a girl!" Death becomes reality when options are eliminated.

It has often been said that the poor have much to teach us. One of those lessons is persistence. With very little help, children live. Bodies grow. Minds develop. Eyes sparkle. With care, love, compassion, children on the string of death can climb back above the line. An amazing resilience, a child's response to God's intentions.

We have something to give, our little bit of intentional help. It's sharing our choices. Relinquishing some of our options so the odds of children seeing tomorrow can be increased. Reducing our insulation so a more sensitive presence can reach for and grasp poverty's hand. Bringing children back from the margins. Removing stumbling blocks from those most vulnerable. Enhancing life and human dignity, as it was meant to be, for all persons. Sharing an abundant life so all might experience a little more of life. Who knows? We all might choose to like it!

With care, love, compassion, children on the string of death can climb back above the line.

Published by
World Vision Inc.
P.O. Box 1131
Pasadena, CA
91131-0311

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