

Lausanne world pulse

A FREE monthly, online magazine that provides you with evangelism and missions news, information and analysis.

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WORLD NEWS BRIEFS

AROUND THE WORLD

The five-year "Unite for Children. Unite Against AIDS" campaign was recently launched by leaders of UNICEF, UNAIDS and other global HIV/AIDS organizations. The campaign is a worldwide effort to raise awareness, commitment and resources to halt the destruction of AIDS. According to UN Secretary-General Kofi Annan, "AIDS is wrecking havoc on childhood." Nearly fifteen million children have been orphaned by this pandemic. The campaign is based on four goals: preventing mother-to-child transmission, providing pediatric treatment, preventing the disease and protecting children affected by AIDS. (UNAIDS)

CANADA

The Canadian Foodgrains Bank, owned by thirteen Canadian church agencies, is responding to the food crisis which is impacting nearly twelve million people in southern Africa. More than 6,500 metric tons of food will be distributed. With areas of southern Africa having the poorest maize harvest in ten years, the food is much needed. Erratic weather, high prices for food, a shortage of seeds and fertilizers, chronic poverty and HIV/AIDS are all contributing to the worst hunger conditions in a decade. Maize for the projects is being purchased from surplus producing regions in southern Africa while split peas are being supplied from Canada. (Nazarene Communications Network)

CANADA

Activists from church and faith-based organizations are preparing for a world conference on HIV/AIDS. Organizers plan to call on government and religious leaders to keep their promises for action to halt the spread of the disease. "Faith-based organizations will be strategic about advocacy," says Linda Hartke, of the Ecumenical Advocacy Alliance based in Geneva. "We are making sure they are prepared to take advantage of the unique opportunity offered to meet with their minister of health, the head of a pharmaceutical company, or the executive director of the Global Fund." The Sixteenth International AIDS Conference, to be held in Toronto from 13 to 18 August 2006 is expected to draw more than 15,000 participants from the health, government, and corporate sectors and from four hundred faith-based organizations. (Ecumenical News International)

CUBA

Cuba's Minister of Religion has accused Eliseo Rodriguez Matos, a pastor in Colon, of taking part in dangerous and subversive actions--using a printing press to print copies of the Gospel of John. Mato's printing press was recently confiscated and he was taken to a local police station for interrogation. The Minister of Religion called the printing press "very dangerous." This act comes amidst a recent step-up in the Cuban government's campaign against unregistered house churches. (Agape Press)

EGYPT

Armed guards have been placed around St. George (St. Girgis) Coptic Orthodox Church in Muharram Bik, Alexandria on the Egyptian Mediterranean Coast due to recent attacks from Muslim mobs. Massive Muslim riots, web threats and the stabbing of a Coptic nun have resulted from a report in an Egyptian weekly newspaper stating the church put on a play that opponents said "defamed Islam." The play, "I Was Blind but Now I See," was based on the 1990s movie, "The Terrorist," which told the story of a poor Coptic University student who converted to Islam but later returned to Christianity. (Assist News Service)

INDIA

A non-profit, Christian-owned pharmaceutical factory in India has launched production of cheaper AIDS treatment drugs that can prolong the lives of the growing number of people infected with HIV/AIDS. The Comprehensive Medical Services India, the pharmaceutical unit of the Inter-Church Service Association, released the first batch of the anti-retroviral drugs in Chennai. This was done in the presence of church health workers. (Ecumenical News Service)

LATIN AMERICA

Two new overseers have been appointed to head up the Church of God in Uruguay and Peru. Rev. Alcides Morales, a pastor for eleven years at a local church in Uruguay, is the new National Overseer for the Church of God in Uruguay. He is replacing Rev. Washington Fagundez, who held the position for fourteen years. In Peru, Rev. Tito Apestegui will be replacing Rev. Maximo Chavez as the new National Overseer. Chavez recently left to pastor a church in the United States. (Faith News Network)

NIGERIA

With 40,000 of the 3.5 million people living with HIV/AIDS in Nigeria, members of UNICEF (United Nations Children's Fund) are calling for large amounts of anti-retroviral drugs to treat the growing pandemic. Nigeria ranks third in the world after India and South Africa in number of people living with HIV/AIDS. Every day one thousand Nigerians contract HIV and eight hundred die of AIDS and related diseases. Less than one percent of HIV-positive women are receiving treatment. The majority of children who are born HIV-positive, die before their fifth birthday from related infections. (Reuters Foundation)

PAKISTAN

Reeling from the 8 October 7.6 magnitude earthquake which left tens of thousands dead and millions homeless, Pakistan may now be facing more catastrophes--widespread disease and illness, a lack of resources and aid and harmful weather conditions. Injured survivors are now suffering from diseases such as hemorrhagic fever, Gangrenous infection, cold and tetanus. Harsh weather conditions, coupled with a lack of tents, medicines and medical care could cause the death toll to continue to climb. (Assist News)

QATAR

For the first time since the arrival of Islam in the seventh century, a Christian church, headed by Scottish archdeacon Ven Ian Young, will be built in conservative Muslim Qatar. Work on the Anglican Church of the Epiphany will begin on land donated by the Emir of Qatar, Sheik Hamad bin Khalifa al-Thani. The church, which was mostly funded by churches and organizations outside the country, will act as both a place of worship for the Anglican community and as a base for ongoing Muslim-Christian dialogue. Qatar is home to more than 70,000 Christian expatriates, including Anglicans, Roman Catholics, Egyptian Coptic Christians and other non-denominational believers. (The Scotsman)

RUSSIA

With United Nations reports stating that Russia has one of the highest HIV/AIDS growth rates in the world, the Russian Orthodox Church has launched a new program to combat the epidemic. The program aims to offer both physical and spiritual healing to those afflicted with HIV/AIDS and their families. The Church is preparing to set up hotlines for those affected and to send out nuns and other church servants to care for those in need. (The Christian Post)

SOUTH AMERICA

Christian Sarmiento, who has served as director of the Church of the Nazarene Mexico/Central America (MAC) Region since 1999, has been appointed the new South America Regional Director. After being led to the Lord in 1974 by his future wife, Sarmiento soon began missionary service in Bolivia, where he served as director of the Nazarene Seminary in La Paz. He held many other posts before his MAC position. Sarmiento will continue to serve as MAC director while a replacement is found. In the meantime, he is planning his move to Buenos Aires, the base of the South America Regional operation. (Nazarene Communications Network)

UNITED STATES

With fewer than one percent of the world's 2.2 million children with AIDS receiving treatment, physicians in the Pediatric AIDS Corps are hoping to treat those in need and train medical workers who can provide care long-term. Bristol-Myers Squibb and Baylor College of Medicine have teamed up to send 250 doctors to Africa in the next five years. These physicians will devote at least one year to caring for children with AIDS and developing a strong infrastructure for when they return home. It is hoped each doctor will prevent 1,300 child deaths annually. (Time Global Health Summit report)

UNITED STATES

After more than twenty-five years, the Gullah people now have a completed New Testament. For decades, translators with JAARS have been working with the Gullah people, descendants of West African slaves brought to America from the late 1600s to the mid 1800s to work on rice plantations along the sea coast in South Carolina, Georgia and Florida. Gullah, or Sea Island Creole, is a creole language. There are an estimated 250,000 Gullah people living in these southern coastal regions today, 10,000 of whom speak the language fluently. (JAARS)

UNITED STATES

The Alaska Baptist Convention (ABC) recently marked sixty years of ministry in the northwestern state. The meeting's theme, "Light Up Alaska," encompassed the mission's emphasis on missions, prayer and church development. The ABC has four associations which include seventy-four churches and twenty-eight missions. More than 16,000 people are members of Alaskan Baptist churches. (Baptist Press News)

ZAMBIA

Seven major faith groups have signed a communique stating their plans to stop the spread of HIV/AIDS in Zambia. The document was signed at the First Zambian Open Day for Care and Compassion for People Living with HIV/AIDS, organized by the Zambia Inter-Faith Networking Group. Church leaders agreed to: offer support to those in their communities infected by the disease; pray for all those affected; and have open discussions in their respective places of worship. According to Zambian Minister of Health, Sylvia Masebo, there are over one million children orphaned by AIDS throughout the country. (The Christian Post)

ZIMBABWE

Christian leaders in Zimbabwe have launched a new HIV/AIDS policy for churches in this southern African country of 12.7 million people, where the pandemic kills an average of 2,000 people every week. "This decision to launch an AIDS policy indicates that the Church is a true partner in the fight against HIV/AIDS," said the Rev. Murombedzi Kuchera, chairperson of the National AIDS Council board, at a ceremony in Harare to launch the policy. He said the Church should no longer be viewed as a body that takes a back seat in the struggle against the pandemic. (Ecumenical News International)

WORLD EVANGELISM & MISSIONS REPORTS

AIDS in China: The Amity Foundation

The Spread of AIDS in China

The first AIDS case in China was reported in 1985. The following years witnessed rapid growth of the HIV positive population. Geographically, HIV-positive cases have now been reported in each and every one of the thirty-one provinces, autonomous regions and municipalities of mainland China. By the end of 2003, the total number of HIV-positive people reached 840,000, with about 80,000 people having developed full-blown AIDS. According to figures released by the government, HIV positive population was 1.04 million by the end of 2003, increasing at a yearly rate of thirty percent. The worst estimates put the number of infected people at ten million by the year of 2010. The China Daily reported recently that now China agrees with this prediction.

Phases of AIDS Epidemic

The first phase (1985-1988) was characterized by a small number of "imported cases," mainly foreigners or overseas Chinese. The second phase (1989-1993) can be described as a limited epidemic. It started in October 1989 when 146 drug users in southwestern Yunnan Province were tested positive for HIV. At the same time, a small number of HIV infections were reported among STD [Sexually Transmitted Disease] patients, sex-workers and laborers returning from overseas. The third phase started in late 1994 when HIV transmission spread beyond Yunnan Province. The national figure for HIV infection grew dramatically with a considerable number of cases reported among drug users and commercial plasma donors from various regions. Increasing numbers of drug-related HIV infections were reported in the provinces of Sichuan, Xinjiang and Guangxi. At the same time, HIV infection through sexual contact increased.

The Challenge Ahead

All indications have pointed to the fact that China is undergoing a major epidemic, if not a pandemic. To make things worse, the majority of HIV-positive people are in rural areas where medical services are poor. Furthermore, the routes of transmission now cover broad areas of the country. People infected with HIV come from all occupations, but many are farmers, returned migrant workers, unemployed people and businessmen. Young adults account for the majority of the infections: 56.9% of reported HIV carriers are between twenty and twenty-nine years of age, and 24.1% are between thirty and thirty-nine. Males outnumber females three to one.

The leading cause is believed to be blood transmission, which, including infected drug us-

ers, constitutes 72.6% of reported HIV-positive cases. With prostitution and the practice of having mistresses spreading across the country, heterosexual contact is now the second main cause, reaching 8.4%. Mother-to-child transmission constitutes 0.3%. There are still 18.7% of the infected that contracted the disease through unknown channels. Other factors contributing to the spread of HIV/AIDS are a huge population of more than one hundred million migrant workers and standards of sterilization and professionalism that are inferior at some blood donation sites and medical centers.

There has been an ignorance on the part of the government, both central and local, to the social, economic and political impact of the disease. Local governments have opted for covering up epidemics that stemmed from careless practices by illegal blood collection centers. There has been a lack of funds and a lack of initiative in raising the public's awareness.

The epidemic is at the brink of spreading from high-risk groups (drug users, illegal blood donors and prostitutes) to common people. We have reached the point of desperately needing effective prevention and control work to avert further tragedy. Yet, in the rural areas, where the great majority of the infected population is located, there are only sub-standard health services available. The worst affected areas are: Yunnan, Xinjiang, Guangdong, Guangxi, Henan and Sichuan. Nearly eighty percent of those infected have been not able to get necessary medical treatment.

The Chinese government has put forth a five-year plan (2001-2005) and an action program (2001-2010) to combat HIV/AIDS. It also has, since late last year, convened several nationwide conferences to call on government departments at various levels to grasp the unique opportunity to curb HIV/AIDS. Several documents have also been issued by the central government to step up efforts in mobilizing resources, including those from NGOs (Non-Governmental Organizations), to fight against the disease.

(Source: The Amity Foundation, www.amityfoundation.org.)

North American Consultation on the Role of the Church in the HIV/AIDS Pandemic

by Rebecca Barnes

Abstinence is working in the fight against AIDS in Africa. Findings which have appeared controversial, contradictory or politicized to both mainstream media and secular aid agencies continue to show that the "Abstinence, Be faithful or use a Condom" (ABC) promotion in places such as Uganda, Rwanda and other African nations is slowing the numbers of people being infected and living with HIV/AIDS.

Dr. Edward Green, senior research scientist at the Harvard School of Public Health and a self-described liberal, said the media assault on the ABC method (in publications such as Newsweek and TIME) promotes a warped view of AIDS trends instead of showing solid research findings.

"When major newspapers are warning people about abstaining and getting married, something has gone terribly amiss," Green told an audience of about six hundred church leaders, mission agency representatives, field workers, aid agency personnel and others

during the North American Consultation on the Role of Church in the HIV/AIDS Pandemic on 10 November at Southeast Christian Church in Louisville, KY, USA.

It was the first time the Lausanne Committee for World Evangelization hosted the consultation. The goal was to equip prominent North American church pastors and Christian leaders to speak out on the AIDS pandemic and to urge churches in the United States and Canada to get involved.

Dr. Tetsunao "Ted" Yamamori, international director for Lausanne, opened the Consultation by praying for wisdom, reflection and inspiration to act both intelligently and with compassion. "May this day become one which will change our lives for the sake of those affected and afflicted with HIV/AIDS," he prayed.

With the AIDS crisis increasingly being seen as the greatest humanitarian emergency in the history of the world, leaders are looking not only for medical answers but for a way to share the gospel with those affected.

Green commended faith-based organizations (FBOs) for their stepped up involvement during the last year in particular, as major organizations such as USAID and PEPFAR (President Bush's Emergency Plan for AIDS Relief) have funded FBOs. In addition to limited funding for anti-retroviral therapy treatment, the bulk of the monies disseminated to FBOs have gone toward prevention—and in particular to the ABC promotion, something Green asserts must be judged solely on its positive results.

He showed correlative data suggesting that declines in the number of AIDS infections were related to the ABC promotion. He also pointed to statistics indicating that rising infection rates paralleled increased condom distribution in several countries.

"We see more condoms being associated with more AIDS," Green said. "This is counter-intuitive."

Attempting to seek answers to why this was is happening, Green cited the inconsistency of use, which he said is worse than never using a condom. According to Green, people are more likely to engage in risky sexual behavior if they have condoms. He also said there is a disinhibition related to condom promotion which ironically encourages risky behavior.

Green related research from his book, *Rethinking AIDS Prevention: Learning from Successes in Developing Countries*. Green listed several other countries that have adopted the ABC method, including: Senegal, Jamaica, Zambia and Thailand. Other areas showing apparent condom success, he found, were concentrated in areas of the commercial sex trade. According to Green, many may think of Thailand as "the great condom success story," but the underlying fact is that HIV is concentrated among prostitutes there. He said except for commercial sex workers, condom usage is relatively low, and most sexual behavior changes (in Uganda in particular) are related to abstinence before marriage and faithfulness during marriage.

Green encouraged church leaders to continue to promote abstinence and faithfulness as a proven way to slow HIV/AIDS infection.

"You in the Church have a comparative advantage," he said, referring to religious organi-

zations' influence on behavior change. However, he balanced this with, "You [also] have a great responsibility and challenge."

Working Together as the Body of Christ

Gary Edmonds of Churches Together told more than one hundred workshop attendants that the AIDS pandemic may determine the relevance of the Church for the twenty-first century. In particular he charged that AIDS is turning many ministries towards a more holistic view of ministry, including caring for AIDS orphans and widows and providing medical aid for affected people—something many "eternally focused" churches had lost sight of before the AIDS pandemic.

"The Church had lost the agenda of God," Edmonds said.

Churches can no longer relegate justice and poverty issues to the United States government. Edmonds believes the government is just not getting the job done, referring to the fact that since 1980 some \$20 billion a year has been poured into Africa to address poverty, corruption and disease, yet as of 2003, all three have increased. "Money was not solving the problem," Edmonds said.

Neither can churches continue to go it alone. "The operating principle for you is, 'How well are you working together?'" Edmonds said. "Realize that there's a lot of vision already there, ideas already taking place and an incredible wealth of assets."

Rev. Geoff Tunnicliffe, international director of the World Evangelical Alliance, a global network that reaches nearly two hundred million evangelical Christians in 123 countries, recommended pooling resources and relief efforts, especially in response to AIDS, a problem too large for any one organization, denomination or agency.

"We have to understand what our role is and come together in collaborative effort," Tunnicliffe said. He went on to state that unlike other disasters, AIDS is taking more lives, impacting the health of more people and leaving more children orphans and homeless than any hurricane, earthquake or tsunami.

"It's not just another social problem to be added to other social problems," said Richard Stearns, president of World Vision. He told conference goers that he believes AIDS is an historical turning point and gives the Church an unprecedented opportunity to show compassion. "The question that will be asked of us is 'Where was the Church?'" he said. "I believe the very heart and soul of the Church hangs in the balance," he said. "Indeed, we must ask the question, 'What would Jesus do?' And when we answer it, we must not fail to do it."

Engagement of the Church

According to Tunnicliffe, there are four phases of engagement the local church can take in addressing HIV/AIDS: judgmental, anemic, cautious and wholehearted/holistic. He believes North American churches are "now beginning to step up" to a wholehearted and holistic involvement.

He referenced the HIV/AIDS Consultation at Southeast Christian Church, the first event sponsored by Lausanne, but the third event of its kind linked to the Global Medical Health Conference focused solely on HIV/AIDS. According to Tunnicliffe, "God is calling church leaders like never before to respond."

Stearns described his own reaction to AIDS seven years ago when he was appointed president of World Vision. Grief turned to anger and anger to resolve. He did not understand why the devastation of AIDS wasn't bigger news in the United States. And he wondered why there was no government response. However, his main concern involved the lack of response from the Church.

"Perhaps most distressing of all," he recalled, "was, where was the church of Jesus Christ? Why wasn't the alarm being sounded from every pulpit in America?"

Stearns referred to a 2001 Barna Research study commissioned by World Vision that indicated most evangelical Christians were reluctant to donate money for AIDS orphans. Only seven percent said they would help. Fifty-six percent said they would not help. The study also showed that non-Christians were more likely to say they would help. In the four years since that study, Stearns said the numbers have only slightly improved. Judgment and indifference, rather than compassion, continue to characterize the Church's response to HIV/AIDS. However, Stearns has seen that once Christians understand and hear the facts about AIDS, they have a change of heart.

Ben Homan, president and CEO of Food for the Hungry, International, also suggested church and mission leaders have that change of heart.

"We are together after having visited some of the hard places ourselves, some of you in the trench work with HIV/AIDS," he said. "My core question to you this afternoon is this, 'So how are you doing?'"

He challenged the group to repent and present their dysfunctions, weaknesses and need for the comfort of Christ in order to offer it successfully to others. "As an evangelical church, I believe we often pride ourselves on how much we are accomplishing, rather than presenting our weakness," he said.

One such weakness he suggested was a numbness to the problem of AIDS. "There are those within the evangelical church that are speaking out, but we have many miles to cover," Homan said. "May God awaken us from numbness."

Rebecca Barnes is a freelance writer and editor in Louisville, Kentucky. She can be reached at www.rebeccabarnes.com.

Christian AIDS Services/Association Offers Hope and Help to Many in Germany

CAH (Christian AIDS Services/Association) is an independently-registered association and member of the Deaconry Work of Hessen and Nassau in Germany. It began in 1991 as an outpatient care facility whose workers visited and cared for patients in their homes. CAH is not bound to any denomination but works with Christians from all churches. Its work is centered on the basic principles of the German Evangelical (Protestant) Alliance.

Primary goals include offering medical, health, homecare and support for patients with HIV-related diseases, drug addicts, the homeless, prostitutes, the poor and the needy.

Care is based on the individual needs of the patient and the demonstration of Christian faith.

Family and friends, upon request, are bound into and guided in this process. Besides medical care, there is also homecare in which the patient receives support and supervision in completing daily chores such as shopping, cooking, cleaning, washing and visiting the doctor.

CAH workers also make visitations to hospices, hospitals and other medical facilities, where they interact with patients. Support is also offered to drug addicts and the homeless in the areas surrounding the Frankfurt central railway station. These individuals are invited to breakfast and offered the help of a CAH nurse and social worker.

Consultation either by telephone or in-person is also a part of CAH field of work. CAH workers will discuss the risks of infection, HIV testing, clinical pictures/disease patterns of AIDS and personal difficulties those infected will face. A social worker will also assist the patient when contacts with civil service departments need to be made or when social questions need to be answered.

Working in the public sector is very important for CAH. Workers do this by offering instruction and information to schools, churches and public events. AIDS and associated issues such as sexuality, terminal care and addiction are discussed from a Christian point-of-view. CAH has also developed its own tutorial tools for the prevention of AIDS.

The CAH team is made up of four registered nurses, one social worker, an administrative head and two civil service providers. The team is also supplemented by trained volunteer workers. The story of the Good Samaritan (Luke 10) is the model for CAH workers. They seek to offer merciful Samaritan service as exemplified in the New Testament to AIDS patients.

The reality is that despite all the medical success, AIDS is still a terminal illness.

Yes, the life expectancy of patients has increased in the past few years.

Patients may profit from the possibilities of adjunctions; however, many may suffer adverse effects of the highly effective medication.

It often appears that increased life expectancy does not bring a better quality of life for patients. The number of patients living under social impoverishment increases noticeably. Ministries such as CAH are now looking beyond the medical care of AIDS patients and the support and supervision of the homeless, drug addict and prostitute to provide personal and lengthy care and support.

This article is edited from a Christian AIDS Services/Association, www.cahev.de/, press release.

Evangelicals Responding to the Challenge of AIDS on World AIDS Day

By Brian Considine

World AIDS Day is 1 December and the Global AIDS Prayer Partnership is launching two new initiatives to help mobilize an evangelical response to the AIDS pandemic.

Every hour 354 people die of AIDS. That's about one every ten seconds. That's like a Boeing 747 crashing every hour, twenty-four hours a day, seven days a week. More than three million people die annually from a largely preventable but incurable disease, and the pace of this global pandemic continues to accelerate. The AIDS pandemic is the greatest humanitarian challenge the world, and the Church, has ever faced. Every 1 December, on World AIDS Day, millions of people take note of these facts and remember those who are suffering.

Until recently; however, the evangelical church has been largely unconcerned and even judgmental toward AIDS and those suffering under the burden of this global emergency. That is changing as more evangelical leaders speak out and call the Church to respond. Local church participation in World AIDS Day is still lacking, but a new strategic prayer ministry is helping change that.

The Global AIDS Prayer Partnership (GAPP), a growing coalition of evangelical Christian organizations, denominations and local churches, is at the forefront of this change. GAPP is co-chaired by Dr. Paul Cedar, chairman of the Mission America Coalition, and Rev. Ted Haggard, president of the National Association of Evangelicals. Dr. Ted Yamamori, international director of the Lausanne Committee, serves as special advisor to Brian Considine, international coordinator and executive director for GAPP.

Now entering the second year of operation, GAPP has been building a platform for united prayer to create awareness of AIDS, and has primarily targeted the United States evangelical community in their efforts.

"There are a reported one hundred million evangelicals in the United States," said Considine. "If we can get just a small fraction responding to this crisis, we can make a huge difference in our world. And, the easy 'on-ramp' to involving the local church is prayer."

GAPP and their coalition partners are introducing two new initiatives this 1 December. The first, "Global AIDS Sunday," is an annual call to prayer, remembrance and awareness. "The evangelical community has largely been absent on World AIDS Day, due principally to the secular nature of the day, but we must change that," Considine said.

Global AIDS Sunday will be held annually on the two Sundays adjacent to World AIDS Day (this year 27 November and 4 December). Resources will be made available for participating churches. "We are encouraging local churches to set aside a few minutes, on the Sunday of their choice, to remember and pray for all those who are suffering," Considine said. "We are also encouraging Christians to learn what is happening in their communities on World AIDS Day, to get involved and to bear the light of Christ."

The second initiative, "Three Million Voices," is representative of the three million people

who die annually due to AIDS and AIDS-related diseases. The purpose of this campaign is to mobilize intercession and compassionate action for those who die annually from AIDS. The hope is to help millions of children left orphaned or vulnerable, devastated families and communities and potentially even entire nations.

A "Declaration of Commitment" to a lifestyle of prayer-care-share toward the end of AIDS is the centerpiece of this new initiative. Church leaders across America are signing the declaration and calling the Church to do likewise. Haggard, one of the original signors, stated, "I have personally signed the declaration because it speaks to the heart of what I believe must be the Church's response to the AIDS pandemic and I encourage all Christians in (the United States) to join with me in this commitment to a lifestyle of prayer-care-share to end AIDS." The goal is to have 100,000 signatures to present at the International AIDS Conference in Toronto next summer. Online signing will begin 1 December.

"The evangelical community must rise up to the challenge of AIDS, both locally and globally, if we are to be relevant in the twenty-first century," Considine said. "To that end, we seek to build a movement towards an epidemic of compassion and for Christians everywhere to pray to end AIDS." Global AIDS Sunday and Three Million Voices are two ways to get involved this World AIDS Day.

For more information, visit www.praytoendAIDS.com.

Brian Considine is the international coordinator for the Global AIDS Prayer Partnership. GAPP serves as the official voice of the Lausanne Committee for World Evangelization on HIV/AIDS.

A Billion Souls: The Rise of Global Christianity

by **James O. Davis**

For more than two thousand years, the Church has worked to fulfill the Great Commission of our Lord. By 1900, 45.69% of the world was evangelized; by 2000, more than 73.09% of the world has heard the gospel. Yet there are still more than 1.8 billion people who have never heard the gospel of Jesus Christ.¹

Evangelistic Growth

Two scenarios can be imagined from this historic point in Church history. Globally, Christian leaders can choose to continue with our present strategies. If this occurs, by 2200, 83.25% of the world will have been evangelized. Although this appears to be great progress, we must take into account the fact that by that time the world population will exceed 10.5 billion. That means the unevangelized population would still number approximately 1.8 billion. Worse, at that rate, the Church will not have fulfilled the Great Commission even by 2300 and in the process, billions of souls from consecutive generations will have died in their sins.

In another scenario, the global Church could choose to synergize our efforts and share our resources. A growing number of evangelical and Pentecostal leaders believe it is possible to speed up church growth by helping each other to plant five million new churches and win a billion souls to Christ in the next ten to fifteen years.

According to National Evangelical Association president Ted Haggard, for the first time in modern Church history, we have a realistic opportunity to complete the Great Commission either in our lifetime or in the lifetime of our children. Dr. Bill Bright, who built the largest sustained ministry in the world through Campus Crusade for Christ and its affiliate branches, often said, "We have the manpower, we have the resources, all we lack is the motivation."

Statistically, if Christian organizations do not partner together and instead continue to try to win the world alone (our procedure for centuries) then our children's children and their children's children will not come close to seeing our Lord's Commission finished in their lifetimes.

More leaders are becoming convinced that the way to follow our Lord's command is by leaving "logos and egos behind," as North American Mission Board president Robert Record terms it, and becoming serious about fulfilling the Great Commission.² In such a scenario, we would not care who gets the credit as long as God gets the glory.

Exponential Growth

Recently, the Global Pastors Network (GPN) sponsored and conducted the first-ever Global Church Planting Congress to synergize strategies and resources to help plant five million new churches for a billion soul harvest. More than five hundred leaders from seventy-two nations joined forces to "grow" the Church by networking together.

Dr. John Maxwell said the Congress represented the greatest gathering of people with church-planting as a priority in contemporary Church history. Many attending were unknown by their counterparts in America.

"Obviously, God is doing a work of which many in the United States are not aware," Maxwell said. "America needs to realize that we need to be serving the body of Christ rather than showing the body of Christ."

International delegates united in the first of five such global Congresses, to find commonality, vision, awareness and clarity of overall priorities for world evangelization. A GPN international networking strategy was developed and adopted. This strategy consisted of five action steps.

1. Provide relationship-building opportunities for the fulfillment of the Great Commission;
2. Promote shared resources for kingdom-minded leaders worldwide;
3. Publish current research for successful evangelism and church planting;
4. Prepare strategic recommendations for global partners; and
5. Produce reports measuring the progress of the Billion Soul Initiative.

Campus Crusade for Christ president Dr. Steve Douglass has stated, "God is aligning his forces around the world for the greatest evangelism thrust in Church history."

Pastor Billy Joe Daugherty of Victory Christian Center in Tulsa, OK, US, noted that the Congress connected resources and leadership across international cultural and language barriers in a new paradigm that demonstrates the potential of synergy through relational ministry.

"Evangelism, discipleship and church-planting are a worldwide effort," he said. "God is going to get it done with the people who are willing to do the work. The Congress rein-

forced the fact that we need each other to get the job done.”

David Sobrepena, general superintendent and president of the Philippines General Council of the Assemblies of God, has led church planting movements in his country by starting more than 1,500 churches in the past eight years.

“Church planting already is an integral and strong part of outreach in many countries outside the US,” he said. “The goal is bigger than the role – this vision to establish five million churches has to go beyond denominations and traditional methods.”

Eternal Growth

In the years ahead, the measurement of a pastor’s ministry will not be the number of people worshipping at his local church, but the number of dynamic partnerships he has built worldwide.

God is raising up synergistic leaders like Sunday Adelaja in Kiev, Ukraine, who pastors one of the largest churches in Europe and plants churches throughout Europe and the United States. Another such leader is Suliasi Kurulo, who is planting churches in more than one hundred nations from his base in the tiny island chain of Fiji. Another is Mel Chit who, inside the closed country of Myanmar, has begun thousands of churches.

In the future, those who are not networking will eventually be not working. As the great evangelist Reinhard Bonnke said, “If we are interested in soul winning, then heaven is interested in our success. God’s main purpose is winning the lost.”

Endnotes

1 GlobalChristianity.org statistics

2 Message at Beyond All Limits Conference, Orlando, Florida, January, 2002

James Davis is cofounder/president/CEO of the Global Pastors Network, www.gpn.tv/.

Fire of Hope: The Effects of HIV/AIDS Ministry

by **Greg Forney**

HIV/AIDS is a modern-day plague marching nearly unimpeded across the face of the African continent. It threatens peace and stability as it wipes out entire generations, leaving millions of orphans in its wake. The statistics are daunting. Over 39.4 million people in Africa have HIV/AIDS, including 2.2 million children under the age of fifteen. Over twenty million people worldwide have died from AIDS. These deaths have resulted in over fourteen million children losing one or both parents. It is easy to recite statistics and forget there are names and faces to these numbers. It is easy to forget there are mothers, fathers and children dying from this horrible disease and that a generation of children are left orphaned, without parents and often without homes.

When we think about sharing the love of Christ with someone suffering from or orphaned by HIV/AIDS, it is not simply a matter of finding “elevator moments” – a quick two minutes where we share the gospel and disappear at the next stop. These individuals and those who care about them are suffering and desperately need to see the love of Christ in action. They are no different from a friend or next door neighbor. In seeking

to reach them, we look for areas of commonality and need in order to help build a relationship. I think about my agnostic neighbor who is also a religion professor. Yes, I could dialogue with him about theological issues (which I do), but I can much more effectively share the love of Christ by having his kids come over to play with my kids. Because they have a new baby in the house, what he needs more than theological posturing is peace, quiet and rest.

Food for the Hungry, www.fh.org, comes alongside orphans and HIV/AIDS sufferers and ministers to them where they are at. We reach out with love and compassion, all toward the goal of bringing hope into their hopeless circumstances. We spend time with them and begin to recognize their faces and come to know their names. We begin to reach into their lives and through the grace of God, we sometimes see light pour into their darkness.

One example of this type of transformation is Peter from Kenya. Peter is an HIV/AIDS orphan. His father died of AIDS in 2002 and Peter was forced to drop out of school to support his mother and two sisters. When his mother died of AIDS in 2005, any thought of completing high school disappeared. Peter's hopes for the future were overshadowed by the reality of his current situation. As an AIDS orphan left to care for his siblings, he carried a burden too difficult for him to carry alone.

Peter is just one person in the group of millions who have been orphaned by HIV/AIDS. Do we overlook the dark circumstances of his physical life and only address the internal spiritual issues? The answer is an emphatic "no." People reached out and ministered to Peter and because of this his world changed. He saw hope and possibilities. He began to see God as a redeemer. He began to understand God's love because he saw it everyday through the words and actions of those around him.

While it might appear his circumstances are beyond hope, Peter recently wrote a letter to Food for the Hungry which read: "All the world, the people, time and seasons belong to Almighty God. He has made all things beautiful for us...Please accept my thanks once again for the fire of hope that you've lit in my life...I'm the most grateful young man for what you've done for me."

His thoughts are a shining example of God's redeeming work. We consider it an honor to see God stir the hearts of the hurting with hope and healing.

Fire of hope. That is how Peter describes his life. He does not describe it by the death of his parents or his burden of responsibility to his siblings. Only the power of God can transform hearts like Peter's and bring hope from their despair. With World AIDS Day 1 December, let us focus on hope, the hope that comes when the body of Christ reaches out to make a difference in this world by ministering to one person at a time.

Food for the Hungry is combating HIV/AIDS in Africa and around the world through our Bringing Hope initiative. We are working to mobilize an army of African churches and leaders to provide compassionate care and effective prevention for orphans, vulnerable children, at-risk youth and people living with HIV/AIDS in Ethiopia, Kenya, Mozambique, Rwanda and Uganda.

Bringing Hope prevents new infections by using abstinence education to delay sexual contact, promoting marital faithfulness, encouraging early detection through voluntary

testing and linking women with prenatal care to reduce the risk of mother-to-child transmission.

For more information on HIV/AIDS and our Bringing Hope initiative, please go to ww/fh.org and click on World AIDS Day.

Greg Forney is director of Creative Services for Food for the Hungry, www.fh.org.

HIV/AIDS Home Based Care in Nairobi

by Martin Johnson

Over one and half million people live in the slums of Nairobi, Kenya. That is half the city's population. More than 300,000 people are crowded together in Karagoche, Nairobi's worst slum. Families live in extreme poverty and struggle to make a living. People are selling things at every corner: small bundles of firewood, tins of charcoal, clothing, cobs of maize cooked over a charcoal fire, kitchen utensils, packets of food and fruit. In fact, it's been said that you can get almost anything in the slums of Nairobi.

The seven slum areas are spread across the northern and western sides of the city and in many cases are adjacent to some of the wealthiest residential and business districts. The Kibera slum is literally a stone's throw from the presidential palace. The palace wall, topped with electrified barbed wire, actually forms one boundary of the slum. That poverty can exist so close to power and wealth is the disparity that is Africa.

When one goes to Nairobi, there is an immediate sensory overload--so many people, so much noise and so much activity. And there are smells of all sorts: meat or chips cooking, wood being burned and open drains and sewers. There are children everywhere inquisitively asking, "How are you?" Many smile and delight in having their photograph taken. Despite the poverty, they're all dressed remarkably well with bright reds and blues set off against their dark skin.

There are signs attached to every building that extol the virtues of the services offered by the shop or owner. The irony is that many will never be able to fulfill these services. There are also signs for churches. There are traditional churches such as Anglican, Baptist and Presbyterian, but there are also churches with names such as Redeemed Gospel Church, Victory World Outreach, Eternity Worship Church and Glory Worship Centre.

Amidst all this are the workers from the African Enterprises' (AE) HIV/AIDS Home Based Care (HBC) program, funded by Bible Society NSW donors. Each worker wears a blue coat and carries a shoulder bag with writing that tells others they are part of the HBC project. Without these coats, the women volunteering may be perceived as prostitutes.

Each day over 120 HBC workers visit HIV/AIDS patients in the slums. In most cases, these patients have been deserted by family and friends and are living in extreme poverty. Chris Melville from Bible Society NSW, Meretab Teki from AE's Sydney office and I were invited to tag along with the HBC workers as they visited patients.

Chris and I were apprehensive to say the least and definitely out of our comfort zone.

Because I love filming my surroundings, I was consoled by the fact that I had a backpack of video and still camera equipment. Filming and shooting stills in such an environment was going to be a challenge but the filming gave me something other than my surroundings to focus on.

Our visit had been well-organized. If we had not had local community leaders with us, it would have been quite dangerous to walk the streets as we did. Of course, our being Caucasian didn't help. Beth, a trained nurse who runs the HBC project, led us through streets that quickly became lanes and then narrow alleys. As we approached the rooms where each patient lived, the path deteriorated to a narrow track hemmed in by walls and roofs of other huts and structures. Using the word "home" to describe these dwellings would not make sense to westerners, however, for the millions who live in these conditions, it is home.

The HBC workers are often the only visitors the AIDS patients receive. The stigma of their condition has caused them to be deserted by family and friends.

Following Beth and the workers into the homes was a challenge. The patients knew we were coming. Although they were grateful for how the project had helped them thus far, entering someone's home, knowing the person was terminal and knowing I had to film the visit, brought many questions to mind:

- Was it ethically right to take pictures and video footage of patients who were in the terminal stages of their illness?
- Were we invading their privacy?
- What right did we have to show these images at a dinner function back in Australia, where the money we spent eating and socializing could make a major difference to how these people lived?

There was also the question of how would I cope with taking such images. What right did I have to exploit their condition in order to get some "great shots"?

Even now, I am not sure I can answer my own questions. On one side there is the reality of fund raising in Australia. People give more if they can "see" where their money is going--this is often done through still and video footage. But should this be the way funds are raised? Why do we need to see images and footage of people suffering from AIDS halfway around the world in order to be motivated to give?

These questions soon got pushed to the back of my mind as I focused on the technical side of shooting under cramped and difficult conditions. Filming the care HBC workers gave to each patient was inspiring. As they washed them and massaged their joints, we could see the love they had for these people. This was something they did out of Christian compassion. It was not just a job.

What impacted me most in Nairobi was the generosity of the people. They did not have anything material to give; however, each gave of themselves by allowing me to capture images of where they lived and how the disease had changed their lives. Through me, they wanted to thank those who had made the daily visits of the HBC workers possible. That's a humbling responsibility.

If I do go back to Kenya within the next year, I will meet up with Beth and her team of workers. However, there will be many people I met on this last trip who will have died from AIDS. I hold on to the hope that through this project some will have heard about the love of God and will have made a decision to commit their life to him. I think that makes it all worthwhile. Don't you?

Martin Johnson is manager of communications for Bible Society NSW, www.bibles2theworld.com.

International Orality Network 2005 Annual Working Conference: "A Story for the Nations: Making Disciples of Oral Learners"

by Durk Meijer

A provocative call to radically rethink our communication of the gospel--that was the central theme of the 2005 International Orality Network (ION) Annual Working Conference held recently in Anaheim, California, USA.

Two hundred ministry leaders, field practitioners, educators, media producers, pastors and interested lay people, representing more than eighty different organizations, were challenged to become more aware of the world's four and half billion oral learners and their needs. Because oral learners are largely unreached by traditional methods of gospel communication, conference attendees were educated on how to take their work in oral communications methods to a higher and more effective level.

Participants were from India, Kenya, Nepal, Nigeria, Peru, the Netherlands and the United States. Both novice and seasoned veteran oral communicators had the option of following one of two tracks at the conference. Attendees were reminded of the importance of oral communication by listening to testimonies of experienced field practitioners who have successfully used storytelling to share the gospel where other approaches have failed.

The first two plenary sessions laid the foundation for the rest of the conference. Tom Steffen, professor in the School of Intercultural Studies at Biola University, spoke on "My Reluctant Journey into Narrative," while Dr. Grant Lovejoy, from the International Mission Board of the Southern Baptist Convention, spoke on "The Extent of Orality and its Implications for Literate Evangelizers." Both men shared how they transitioned from traditional academic teaching approaches to "storytelling-type approaches." They also noted some of the hard lessons that have greatly influenced and strengthened their ministries.

Reflecting ION's core desire to communicate God's Word in culturally appropriate forms to all people, the conference displayed a broad range of ministry, including serving the deaf, who are often untouched by traditional literate methods of gospel communication. Different art forms for communicating God's story were also featured, including African and Asian storytelling and culturally-relevant greetings, repetitions, responses, drama and rituals. There were also samples of chanting, dance and even a taste of hip-hop. The central lesson was well summed up by one conference attendee's comments: "Our modern missions efforts have been primarily focused on trying to communicate our message to unreached people in ways that make sense to us – instead of in ways that make sense to them!"

Feedback from the conference confirmed its value and need for worldwide exposure. Consequently, along with its other initiatives, ION is already planning its next conference for late 2006 in Colorado Springs, Colorado, USA. A January 2007 conference is tentatively scheduled to take place in India.

Durk Meijer is associate director for Operations for the International Orality Network.

On North Korea, a Country Spotlighted During the International Day of Prayer for the Persecuted Church

by **Carl Moeller**

North Korea, which tops **Open Door's World Watch List of countries where persecution of Christians is the worst**, was one of the countries spotlighted during the International Day of Prayer for the Persecuted Church 13 November. The communist country has topped this list for three straight years. However, thousands of churches around the globe came together joined in praying for our suffering brothers and sisters. Although there are many countries where Christians are being persecuted daily, this article is on only one of these, North Korea. The following are the words of a North Korean Christian who survived the horrors of prison:

"I experienced life in prison twice and I was also brought to a labor camp once. I stayed there for three months until, with the help of another North Korean Christian, I was released. I had to labor for eighteen hours a day in the most terrible circumstances. The leaders of the camp only provided meals two times a day, each time a cup with ninety pieces of boiled corn. I almost died of starvation and the unbearable, heavy work. Most of the prisoners were full of hatred and complained all day, but the Christians prayed and prayed, even though they were beaten terribly and were treated worse than others. One time I saw a Christian lady who was martyred terribly. They beat her over and over again since she didn't stop praying. She died peacefully while praying to her Lord."

Last month the United States Department of State released its seventh annual International Religious Freedom Report. North Korea was again listed as a Country of Particular Concern (CPC) for its severe violations of religious freedom. Seven other nations were included in that list.

In North Korea's "Communist paradise," there are a few token churches to maintain the pretense of religion; however, a Christian cannot be sure he or she is safe.

Portraits and statues of Kim Il Sung fill the streets and tower high above the rooftops. Both Koreans and tourists have to bow to his image. In some sense, the Communist Party is the source and the aim of life. The Communists have even created their own trinity: Kim Il Sung (the father), Kim Jong Il (the son) and the Juche ideology. It is understood that every North Korean must provide for him or her self.

The living conditions in North Korea are horrific. Prices are high and people are starving. An estimated two to three million people have died over the past ten years due to food shortages. Fifteen percent of children under that age of five are malnourished. It is believed that thousands of Christians are currently suffering in North Korean prison camps. The country is suspected of detaining more political and religious prisoners than

any other country in the world. The government will arrest not only the suspected dissident but also three generations of his or her family to root out the bad influence. Kim Jong Il is the "Dear Leader" and has been exalted and revered as a god to be followed with unquestioned obedience.

Due to the continuing severity of persecution in this communist country, Open Doors has launched a Prayer Campaign for North Korea. The goal of the campaign is to blanket North Korea in prayer twenty-four hours a day, seven days a week. To accomplish this, Open Doors USA is seeking Christians who are committed to praying ten minutes a week. Open Doors USA will provide updated information on the status of Christians in North Korea for the prayer warriors.

After seven-year-long Open Doors prayer campaign for the Soviet Union, the Berlin Wall fell. That campaign was followed by ten years of prayer for the Muslim world which resulted in increased requests from Muslims to know Jesus Christ.

The power of prayer has made a difference around the world and we need Christians to unify in powerful, consistent prayer for North Korea. This is your opportunity to make an impact and be a prayer warrior – your prayers are like long-range missiles targeting Christians in this closed country. The International Day of Prayer for the Persecuted Church needs to continue throughout the year. To register for the Prayer Campaign for North Korea, go to www.opendoors.org/3ypnk-us/.

According to an Open Doors co-worker, many people in the underground church in North Korea are aware of the Open Doors international prayer campaign. "The fact that other Christians know about them and pray for them gives them so much strength and hope," he says. "On behalf of the suffering Christians, I ask you to continue to pray, because without prayer support they can't spread the gospel and do not find the strength to remain faithful. Without prayer, the North Korean church can't survive."

A Week of Prayer for North Korea will be held 19-25 June 19-25 2006. To start praying of the persecuted Church in North Korea year-round, we have included several specific requests below.

-Child Beggars. There is much poverty in North Korea, and children in particular suffer from this. There are many street children who have no parents and no home. The children try to get hold of every grain of rice they find lying on the ground near local markets; however, they are often driven away without having had anything to eat. These children have no one to care for them. Pray for good supervision of these children and that they may one day hear the gospel.

-Guards/Prisoners. The circumstances in the prison camps in North Korea are appalling. Christians are put in prison camps if it becomes known that they love the Lord Jesus. Please pray these Christians will be able to share Christ's love to fellow prisoners and guards. One ex-prisoner, Soon Ok Lee, said that the Christians in the camps never denied God. The attitude of these Christians is a testimony in itself. Please pray that fellow prisoners and guards may be touched by these testimonies. Pray that guards in these labor camps will not abuse Christians.

-Underground Christians. In North Korea it is not possible to share your faith openly. Any expression of faith in Christ is punished. This does not mean, however, that there

are no Christians or that people are not coming to trust in Christ. Although they are in great danger of being sent to a prison camp, the Christians continue worshipping underground. Pray for the underground Christians. Pray they will have safe and encouraging meetings.

Dr. Carl Moeller is president/CEO of Open Doors USA, www.opendoorsusa.org. Open Doors is an international ministry which has supported and strengthened persecuted Christians for fifty years. Moeller formerly ministered with Campus Crusade for Christ and Saddleback Church in Lake Forest, CA USA.

HIV/AIDS and the Church: We Cannot Look the Other Way

by **Linda Ndethiu**

Only a few days ago, we lost another little child. One of his friends had been praying for him, just as he had prayed for two other friends Kamau and Kimani. Now, this friend was gone too. "But I prayed for him," said the 10-year old, the look of defeat clearly seen in his eyes. "I guess he has decided to go and be with Kamau." It is evident that questions still lingered in this young child's mind, but he became silent. He picked up his book and continued to read.

At the funeral, another girl optimistically asked, "Will we see him again?" The caregiver, trying hard to hide her own sadness, shook her head.

"Not here," she said. "But we will see him when we get to heaven. Remember the story in the Bible where David's child died? David was so sad, but then he stopped being sad because he realized that although his child would not come back to him, he would go to be with his child. One day, we will go to heaven, and we will see our loved ones again." The caregiver wiped her tears and joined in singing "Cha kutumaini sina..." (My hope is built on nothing less...)

The HIV/AIDS pandemic continues to devastate thousands of people around the world. Children have not been spared from the pain and devastation of this merciless disease. Thousands have been orphaned and many more infected. In Africa, many communities are being wiped out. Countless people living with AIDS are being cast aside due to the stigma surrounding HIV/AIDS. For many, it is a long, lonely journey. We must ask ourselves, "Can the Church be the 'city on a hill' that Jesus talked about?" And will the Church be the place of solace and hope that many are desperately seeking?

Indeed, the AIDS pandemic is testing the integrity of the Church. Yet while HIV/AIDS presents the Church with a great challenge, it also offers a great opportunity to be a place where the hurting can find healing. The Church must be a people that will not look the other way, but will instead influence communities to be the hands through which God will work.

Kids Alive Kenya, www.kidsalive.org/kenss.htm, continues to care for AIDS orphans and children living with AIDS. Through this experience, we have learned invaluable lessons about God's amazing grace. One example of this is in the House of Joy, www.kidsalive.org/hojss.htm, where we receive babies who tested HIV positive at birth. A little while back something happened at this facility. We had taken in babies that were extremely malnourished and that exhibited various infections, including chest and ear infections.

Their caregivers, ordinary people from the same community, received these children and worked with them over many months, feeding them nutritious food regularly and getting them medical care at the clinic. Within a few months the babies had gained weight and showed tremendous improvement. The babies were later re-tested and found to be HIV-negative! They are now in nursery school and enjoy playing outdoors and going out for walks.

In Kenya we are also training churches to educate community members on the importance of HIV testing. This is instrumental in preventing mother-to-child transmission of the disease. The Church can also train those in the community in measures that can prevent mother-to-child infection. In local government hospitals, nevirapine (which helps prevent HIV transmission during pregnancy and birth) is now available. Alternative breast-feeding options can also prevent transmission to the newborn. Proper nutrition helps boost the immune system and helps the child to fight illnesses.

When we encounter a person living with AIDS, it may make sense to walk past those that are hurting--whose bodies and dignity are destroyed by sickness. Yet HIV-infected people can live with strength and vigor. Children who remain HIV-infected can be provided with quality life that enables them to live positively with HIV/AIDS.

For this to happen, unconditional love and consistent care is critical. In the Rebecca House, www.kidsalive.org/rebhivss.htm, we care for HIV-infected children. Through this ministry we have found that proper nutrition and prompt medical care are extremely important in improving a child's wellbeing. Anti-retroviral drugs used for children in the more advanced stages of AIDS have resulted in tremendous improvements in their overall quality of life.

We believe it is the responsibility of the global Church to show compassion to those infected and/or affected by HIV/AIDS. The consequences of AIDS are far reaching, and will be with us for some time. The Church must come alongside its people and help them walk in victory. We must care for individuals living with AIDS with the same enthusiasm that we would other members of our congregations. We must share our resources, get involved and be the Church that God called us to be. We must work together, for the task set before us is indeed great.

Linda Ndethiu is the Kenyan national director with Kids Alive International, www.kidsalive.org. Kids Alive works in more than a dozen countries seeking to rescue suffering children-in-crisis. Their work includes establishing orphanages, schools and other facilities where they can share the love of Jesus Christ.

He Intends Victory a Paradigm for the Acceptance of the Church in HIV/AIDS

by Bruce Sonnenberg

"I really think it's best if you don't come back to church here anymore!" Can you imagine what it's like to hear those words from your pastor? You may wonder what you did to deserve excommunication. Well, you are guilty of having a virus, the human immunodeficiency virus (HIV), which is determined to take over and destroy your immune system, and when it does, you will have Acquired Immunodeficiency Syndrome (AIDS). I have lost count of the number of times I have dried the tears of a Christian who was asked to leave their church (or lessen their participation in church activities)

because they had either HIV or AIDS.

Over forty million people worldwide have this virus and the numbers keep growing: one million in the United States, one million in Russia, five million in India, millions in China and on and on. Almost fifteen million children are orphaned because this deadly disease took the lives of their parents.

I'll never forget turning to my wife one night after watching the evening news on television and saying, "I am sick and tired of hearing about AIDS." It seemed like all we ever heard about was AIDS. However, it wasn't long before God broke my heart and gave me a new one.

John and Joe were members of The Village Church of Irvine, California, an upper-middle-class church in what's known as "the first completely planned community" in the United States. I knew they were best friends, had committed their lives to the Lord at the local rescue mission, gone through their "New Life" program, had gotten jobs and were growing in their faith. I was surprised when, one Sunday after church, both men asked to see me. They seemed uneasy and I wondered what problems they could possibly be having. "You know, Pastor Bruce, how we used to use drugs together before we knew Christ?" one asked. I told them I did remember and that the Lord had forgiven them and changed their lives.

"That's right, but Joe and I just found out that as a result of using contaminated needles during our drug days, we are both HIV-positive and we don't know what to do," John said.

Right then HIV and AIDS had gone from being something I saw on the news to something personal. My heart broke.

Soon we started with a weekly support group and the first night we had one pastor, two HIV-positive former junkies and one HIV-positive former homosexual. This was quite a combination of the redeemed! But God strengthened our bond and we met for prayer week after week. Soon, Tamara, a wife and mother, joined us. Tamara had been saved nine years before but thought she should be tested for AIDS after seeing a television program on the disease. She tested positive and was told not to come back to church. She cried quite a bit that first night.

Then Mike, a husband and father of three teenagers, joined us. Mike had hemophilia, a blood condition that required blood products and regular transfusions. He had twenty-two diseases, including HIV, from using blood products. However, Mike knew the Lord and had a wife who stood with him.

He Intends Victory Reaches Many around the World

It was then that He Intends Victory, www.heintendsvictory.com, began. We had decided that the "lost" of this world needed to hear that Jesus offers hope to those infected and affected by HIV/AIDS and that the "Church" needed to learn to show the compassion of Jesus to those facing this disease. We soon established a national hotline, 1-800-HIV-HOPE, where individuals with AIDS responded to incoming calls. Nineteen-year-old Tim from Kentucky had been raped by his uncle and just found out he was HIV-positive. Cindy, who only had sex once in her life, was infected by her boyfriend who had lied to her about being a virgin. These were only two of the people who called in to the hotline.

By 1990, John and Joe had died; however, we kept moving forward as we knew they were with Jesus. We spoke at churches, schools and seminaries. More and more Christians and churches began to open their hearts to those facing their mortality.

Mike was devoted to his family and shared Jesus at every opportunity until he went home to Jesus in 1998. Although Herb was told twice by the doctor that he only had one year to live, both times he told the doctor the same thing, "You know doc, if I die in the next year, I go to heaven. And if I don't, I'm going to share the hope of Jesus Christ to anyone who will listen. I'm a winner either way!" He made it to 2003. Tamara, who was infected in 1980, is still frail but praising the Lord everyday for her family.

He Intends Victory has grown and is now in fourteen countries around the world. Half of the ten board members are HIV-positive. We have homes for men, women and children at the Mike Hylton Home in Thailand; the Terry Duffy Home in Uganda; two homes including Herb Hall Home in Malaysia; a support group in the prison and a home for former women inmates who have tested HIV-positive in Belize; and a soon-to-be He Intends Victory Children's Center in Eldoret, Kenya. We have paid and volunteer workers in Nigeria, Burundi, the United Kingdom, Bulgaria, Ecuador and those countries where we have homes.

In Hanoi, Vietnam, Phat, HIV-positive himself, leads a support group of thirty former drug addicts. We work in the prisons of Vietnam and with the National AIDS Committee, the highest government agency dedicated to HIV/AIDS. In Malaysia, Lourdes, himself HIV-positive, works under the direction of Andrew and Rhena Kulasingham at HIVHope, where he helps with the first support group for Tamal speaking "former" addicts. We work closely with the Malaysian AIDS Council, a Muslim organization working with Christians who seek to share the hope of Jesus. Through He Intends Victory Uganda, Alvin Waluube offers medical and agricultural support bi-monthly to two villages ravished by HIV/AIDS. In Kenya, Tom and Hellen Malande oversee He Intends Victory Kenya. Just last year they and their team of seven volunteers shared the good news with over 100,000 children. Many of these children gave their hearts to the Lord.

In the United States, He Intends Victory continues to offer encouragement, free educational materials and support groups. We have volunteers across the country. By the generosity of God's people, we have given away over 50,000 copies of Dan Wooding's book, He Intends Victory, which shares the stories of Mike, Herb and many others.

Through radio, television and personal interaction, we have touched the world of HIV and AIDS. As volunteers ourselves, we are committed to furthering this Evangelical outreach. This starts with reaching out to one individual. I've used real names of real people because so often we see "forty million" or "fifteen million" or "sixteen thousand people worldwide die each day of HIV infections." These often just seem to be big numbers. But when we see Herb, Tamara, Mike, Phat, Alvin and Hellen (and the list goes on) you can see that He Intends Victory is dedicated to people.

There is plenty of room in the Church for those with HIV/AIDS. There is no cure for HIV and AIDS. However, there is a cure for the hopelessness that comes with AIDS. This is the hope of Jesus Christ.

Bruce Sonnenberg is president of He Intends Victory, www.heintendsvictory.com.

Trans World Radio and Kerus Global Education Unite to Mobilize African Youth to Stem the Tide of HIV/AIDS

Every day 14,000 Africans become infected with HIV/AIDS. In an effort to counter the spread of this unrelenting enemy on the continent, international Christian broadcaster Trans World Radio (TWR) and Kerus Global Education have partnered to produce character-based radio programming geared toward helping African teenagers make responsible lifestyle choices. TWR and Kerus agree the best way to combat this disease is to not only care for the sick and provide a message of hope for those who are struggling, but also to prevent the spread of the virus altogether.

"The church has launched many excellent programs but they're not far-reaching," Dr. Marcia Ball, co-founder/CEO of Kerus, said. "Kerus and Trans World Radio want to complement what's already going on in the field and fill some of the gaps where programs are doing well."

Kerus' It Takes Courage! curriculum was selected as the centerpiece of the project. In partnership with Kerus, TWR is producing drama-centered radio programs based on educational materials Kerus has created. It is anticipated the first programs will air as a companion to a major HIV/AIDS prevention project Samaritan's Purse is undertaking in four African nations. Kerus will also train pastors for further outreach to teens.

"Kerus has tremendous credentials when it comes to the educational aspects of HIV/AIDS and has done training in forty-one countries," said Tom Watkins, who facilitates the new HIV/AIDS ministry for TWR. "What we're hoping to do with the Samaritan's Purse project is to air these programs at the same time they're doing on-the-ground curriculum training." With Samaritan's Purse's project working for us to five years in each country, TWR and Kerus hope to air the radio programs for at least two of those years.

TWR anticipates that the new Kerus radio program series will play a major role not only in Africa but in other parts of the world as the ministry continues its commitment to dramatically expand its HIV/AIDS broadcasts over the next six years.

"We've been focusing a lot on care of people with AIDS, on evangelizing them, on giving them hope for the future," Watkins said. "But now we're going to be working on prevention, which means essentially trying a program that [is geared towards] 10- to 15-year-olds, because that's the reality in Africa."

About two-thirds of the scripts have been written and TWR hopes to have the rest completed within the next couple months. More funding for this project is needed to resource the development of the programs. Watkins emphasizes that many ministries and partnerships are looking to do something on the HIV/AIDS prevention side, "and that's where we feel these programs will play a very key, unique and pivotal role in encouraging and empowering youth to adopt."

Dr. Ball and Dr. Jennie Cerullo of Kerus have begun on-the-ground work in Mozambique. Watkins reports the response to the first week of training in Mozambique was very positive. "We feel this is further evidence that these concepts which we will put to radio are having the desired impact," he added. Ball and Cerullo are now back in Mozambique training additional workers who will carry the messages forward.

The effort will also focus on Uganda, Kenya and Ethiopia. There will be a second partnership in South Africa. Depending on funding, the partners will produce programs for parents and pastors and establish radio listener groups. They also hope to expand the efforts into other nations. A pilot program that TWR recorded in Caribbean English style can be heard at www.cgncradio.com.

"The important thing to remember is that HIV/AIDS is not just an African problem," emphasized Watkins. Ball added, "The Church at large is mobilizing to respond to this epidemic like never before. Pray that we would have wisdom in creating partnerships and launching effective projects."

For more information, visit Kerus Global Education, www.kerusglobal.org or Trans World Radio, www.twr.org.

European Evangelicals End Annual Assembly

Release from the World Evangelical Alliance

European Evangelical leaders were challenged to live out their "true identities" as "Christian nobodies" by becoming God's catalysts for change.

"Christendom is dead, and thank God," said Gordon Showell-Rogers, general secretary of the European Evangelical Alliance, during the closing session of the joint EEA, European Evangelical Missionary Alliance (EEMA) and Hope for Europe conference. "Europe desperately needs God to visit us and for God's people to live as God's people."

The four-day gathering in Tavira, Portugal focused on the theme, "Gospel Relevance in Europe Today," and gave the continent's top evangelical leaders a chance to reflect, bond, pray, renew their faith and share their stories.

"As a group of evangelical Christian leaders, we have benefited greatly from being together and thinking about our respective responsibilities in Europe," said Showell-Rogers. "Our hope is that what's happened this week might become strategic for the welfare of European society."

God's Politics

The meeting also featured special seminars on religious freedom and the European Union that gave the leaders new insights and resources on how to engage with and transform the secular culture.

"I think of my role as helping evangelicals around Europe to become the salt and light in society," said Julia Doxat-Purser, EEA's political representative and religious liberties coordinator, who led one of the seminars on Saturday afternoon. "We try to engage, consult, train and teach about best practices."

Attendees learned about new developments in the EEA Brussels office, which was established several years ago to represent evangelicals before the European Union. Tove Videbaek, a veteran journalist, longtime politician and new Brussels representative, said politicians are slowly starting to take notice of the EEA's united evangelical voice.

"We will do everything we can to further Christian values," said Videbaek, who also asked for prayer for her office. "In Brussels, we can have an impact on the politics of all of Europe because it goes from here to twenty-five countries."

Forging New Relationships

Another highlight of the assembly was the establishment of new relationships. EEA members voted unanimously to accept the membership applications from the United Christian Council in Israel and the Protestant Evangelical Alliance in Bosnia and Herzegovina (EABH), raising the number of EEA-member alliances to thirty-five. EEA voters also unanimously accepted the membership requests from the European Evangelical Accrediting Alliance, an agency that accredits schools of Christian higher education, and JANZ team international, a missions group that serves in several European countries. Both the EEA and JANZ already have work across Europe associated closely with national Evangelical alliances.

That same day, they adopted a statement recognizing a close partnership with the European Evangelical Mission Alliance--a grouping of national missionary associations in twelve European countries. The agreement outlines and formalizes the cooperative relationship that has already been established between the two groups; in many countries, members of the EEA and EEMA have been working together since the mission alliance's birth in 1984.

"I think this is useful for both the EEA and EEMA because we now have the official backing of church community leaders to help new mission initiatives to be started," said Cees Verharen, head of the EEMA. "Our vision is for every country in Europe to develop a national missions movement."

Meanwhile, in separate agreements, the EEA and EEMA thanked God for positive initiatives from Hope for Europe (HfE) networks. Both the EEA and the EEMA are developing memorandum of understanding with Hope for Europe.

At the closing ceremony on Saturday evening, representatives from the EEA and EEMA sealed their partnership with their signatures, and leaders of Hope for Europe joined the others for blessings and prayers.

European Evangelical Identity

- Who are we?
- Where are we?
- Being who we are in Europe in the early 21st century

These were the three points Showell-Rogers addressed as the final focus of the assembly.

"The identity question is central in the world's trouble spots, and is part of the questions many are asking about the way forward for the EU," he said. "This is part of the question that HfE, the EEA and the EEMA have been asking this year, as we have tried to understand what the best way to relate together is." Ultimately, Showell-Rogers said, "we are Christian nobodies."

"God has, in his grace, touched our lives and chooses to take our lives and make them

count for something," he explained. "To make a difference in twenty-first century Europe, we do not need something that God has not already given. Europe needs us to be who we are, where we are at this stage in history."

Over two hundred Christian leaders representing thirty-five countries attended the joint assembly, making it the largest annual gathering in history. The assembly was held at the Vila Gale hotel from 19-23 October.

This report was provided by the World Evangelical Alliance, www.worldevangelicals.org

WORLD PERSPECTIVES

Evangelicals Responding to the Challenge of AIDS on World AIDS Day

by Brian Considine

World AIDS Day is 1 December and the Global AIDS Prayer Partnership is launching two new initiatives to help mobilize an evangelical response to the AIDS pandemic.

Every hour 354 people die of AIDS. That's about one every ten seconds. That's like a Boeing 747 crashing every hour, twenty-four hours a day, seven days a week. More than three million people die annually from a largely preventable but incurable disease, and the pace of this global pandemic continues to accelerate. The AIDS pandemic is the greatest humanitarian challenge the world, and the Church, has ever faced. Every 1 December, on World AIDS Day, millions of people take note of these facts and remember those who are suffering.

Until recently; however, the evangelical church has been largely unconcerned and even judgmental toward AIDS and those suffering under the burden of this global emergency. That is changing as more evangelical leaders speak out and call the Church to respond. Local church participation in World AIDS Day is still lacking, but a new strategic prayer ministry is helping change that.

The Global AIDS Prayer Partnership (GAPP), a growing coalition of evangelical Christian organizations, denominations and local churches, is at the forefront of this change. GAPP is co-chaired by Dr. Paul Cedar, chairman of the Mission America Coalition, and Rev. Ted Haggard, president of the National Association of Evangelicals. Dr. Ted Yamamori, international director of the Lausanne Committee, serves as special advisor to Brian Considine, international coordinator and executive director for GAPP.

Now entering the second year of operation, GAPP has been building a platform for united prayer to create awareness of AIDS, and has primarily targeted the United States evangelical community in their efforts.

"There are reported a one hundred million evangelicals in the United States," said Considine. "If we can get just a small fraction responding to this crisis, we can make a huge difference in our world. And, the easy 'on-ramp' to involving the local church is prayer." GAPP and their coalition partners are introducing two new initiatives this 1 December.

The first, "Global AIDS Sunday," is an annual call to prayer, remembrance and awareness "The evangelical community has largely been absent on World AIDS Day, due principally to the secular nature of the day, but we must change that," Considine said.

Global AIDS Sunday will be held annually on the two Sunday's adjacent to World AIDS Day (this year 27 November and 4 December). Resources will be made available for participating churches. "We are encouraging local churches to set aside a few minutes, on the Sunday of their choice, to remember and pray for all those who are suffering," Considine said. "We are also encouraging Christians to learn what is happening in their communities on World AIDS Day, to get involved and to bear the light of Christ." The second initiative, "Three Million Voices," is representative of the three million people who die annually due to AIDS and AIDS-related diseases. The purpose of this campaign is to mobilize intercession and compassionate action for those who die annually from AIDS. The hope is to help millions of children left orphaned or vulnerable, devastated families and communities and potentially even entire nations.

A "Declaration of Commitment" to a lifestyle of prayer-care-share toward the end of AIDS is the centerpiece of this new initiative. Church leaders across America are signing the declaration and calling the Church to do likewise. Haggard, one of the original signors, stated; "I have personally signed the declaration because it speaks to the heart of what I believe must be the Church's response to the AIDS pandemic and I encourage all Christians in (the United States) to join with me in this commitment to a lifestyle of prayer-care-share to end AIDS." Our hope is to have 100,000 signatures to present at the International AIDS Conference in Toronto next summer. Online signing will begin 1 December.

"The evangelical community must rise up to the challenge of AIDS, both locally and globally, if we are to be relevant in the twenty-first century," Considine said. "To that end, we seek to build a movement towards an epidemic of compassion and for Christians everywhere to pray to end AIDS." Global AIDS Sunday and Three Million Voices are two ways to get involved this World AIDS Day.

For more information, visit www.praytoendAIDS.com.

Brian Considine is the international coordinator for the Global AIDS Prayer Partnership. www.globalaidspayer.org

Drugs Don't Cure Leprosy

by Christopher Doyle

Drugs do not cure leprosy. I can almost hear it now. Doctors, researchers and other leprosy experts who read this title are asking, "What's wrong with this fellow? Doesn't he know anything about leprosy? He's supposed to be the president of American Leprosy Missions (ALM) and he doesn't even know about the miraculous cure."

Of course we all know that multi-drug therapy (MDT) kills the bacteria that cause leprosy (a.k.a. Hansen's disease). The World Health Organization (WHO) will even say we have "cured" over fourteen million people in the past decade. That is quite an accomplishment.

From a clinical perspective, people no longer have the leprosy bacteria present in their

bodies, or at least the bacteria have been rendered incapable of infecting others. However, for many people that is far from being cured. This is because leprosy is not primarily a disease; it is a disability.

I must give credit for the title of this article to Dr. Carlos Wiens who works at the Menonite Leprosy Hospital in Ascuncion, Paraguay. On a visit I made there early in my leprosy career, he told me that MDT does not cure leprosy. The more I thought about it, the more I believed it. Even if we could give MDT to every individual with leprosy, we wouldn't even be close to curing the disease. And we would not have touched people where Christ wants us to touch them, in their hearts and souls.

Many who have received the cure for leprosy must still deal with the stigma of having the disease. Current and former patients still suffer discrimination, marginalization, ostracism and sometimes outright cruelty. They are abandoned by family, friends and community. They are forced to leave home and live in hospitals, leprosy-affected communities and sometimes on the streets.

During her ministry on earth, Mother Teresa cared for many leprosy patients and recognized that the scars on their bodies were nothing compared to the festering pain within. "Being unwanted is the most terrible disease that human beings can experience," she said. "The only cure can lie in willing hands to serve and hearts to go on loving them." Mother Teresa's evangelism was simple and effective: she loved as Christ loved.

For centuries the stigma of leprosy has been legitimized in codes and laws. People in some leprosy colonies have been banned from using the money in their land and instead are forced to use special "leprosy currency." They have often been forbidden to marry. Their children have been taken away. It has separated wives from husbands. It has resulted in men losing jobs.

The cure for leprosy requires a ruthless assault upon stigma. It requires a call for justice--a passion to "do justice and to love kindness and to walk humbly with your God" (Micah 6:8). Those who have leprosy or who have once had the disease must be free to marry, to live wherever they desire and to live normal lives in their communities.

That's why ALM promotes community education, training of health care workers and regional and national media campaigns. This is why we seek to empower self-help women's groups; provide scholarships to help children affected by leprosy; and support IDEA (the International Association for Integration, Dignity and Economic Advancement), the first international organization whose leadership is largely composed of people who have personally faced the challenges of leprosy.

This is also why we work with religious communities. Sadly, many false ideas associated with leprosy have their roots in the church. Happily, in many regions, the church is leading the campaign for love, acceptance and renewal. Jesus reached out to many outcasts of society, including those with leprosy. We can do no less. As Christians, we must reach out to those with leprosy, to those with HIV/AIDS, to the poor, to the disabled, to the disfigured and to the deformed. We must reach out with love that can open the door to the gospel.

The WHO reports that nearly half a million people get leprosy each year. Seventeen percent are children. Many of these will experience what some cultures call "a living death." Others will feel the sting of harsh judgment, being called "cursed," "witch" or worse.

Some, like 16-year-old Lidia in Angola, will be denied food and water when hospital nurses discover the real cause of her weakened hands and eyes.

Others will rise triumphantly upon the wings of hymns and psalms delivered by Christian field workers and hospitals. They will experience healing.

ALM celebrates one hundred years of service in 2006. We've ministered to countless thousands long before there was a cure for this dreaded disease. We have followed the steps of missionaries like Wellelsley Bailey, who reported from the Punjab in 1869: "In one row, a group assembled for worship. They were in all stages of the malady, very terrible to look upon. I almost shuddered, yet I was at the time fascinated, and I felt, if ever there was a Christ-like work in this world, it was to go among these poor sufferers and bring to them the consolation of the gospel."

Rehabilitation and ALM

Leprosy carries with it additional disabilities beyond stigma. There is economic, social, physical, spiritual, psychological and emotional disability. All these areas require different interventions if a full cure is to be brought to the person affected by leprosy. Even after they are "cured," many leprosy-affected people risk disabilities. They will wound their anesthetic hands and feet to the point of crippling. That is why we advocate effective Prevention of Disabilities (POD) programs in every country where leprosy is prevalent. Prevention of disabilities has many benefits, one of which is the financial savings to the community when a disability is prevented.

ALM takes POD services to those affected by leprosy by offering training programs and materials to front-line workers around the world. This gives Christian healthcare workers interaction with patients (and more opportunities to share the love of Christ). Where governments are opposed to the gospel, we still fit prostheses, perform cataract surgeries and deliver food to remote leprosy villages. Where we can't say his word, we can still be his hands and feet. Other needs must also be addressed.

- **Economic disabilities.** Income generating opportunities, micro-credit programs and job training are needed. We must not simply give handouts, but help individuals to help themselves.

- **Physical disabilities.** Trained surgeons and physical therapists who can deal with the physical consequences of leprosy are needed. We need referral centers where those affected can get treatment and medical care.

- **Social Disabilities.** Education to alleviate the fears and misconceptions of family members and neighbors concerning leprosy is needed. Patients and former patients must be able to reintegrate into society and be accepted as a person with any other disease. This will only come when organizations focus on community development that is inclusionary in every respect.

Above all, a balm must be offered for troubled spirits. This is why ALM works with churches and mission partners in Angola, Thailand, India and other places around the world. It is why Dr. Jacques Kongawi projects the JESUS video onto the side of his clinic van deep within the jungles of the Democratic Republic of Congo and why health workers in India gather for prayer under the shady baobab tree before beginning their village clinic. It is why missionary doctor, Jean Pierre Bréchet, leans close to his patients, touches them tenderly and asks them, "How can I pray for you?" It is why the ALM staff meets every week to pray for the projects and people who will be an extension of

Christ's love in word and deed. This is why we will continue to be Christ's witness in regions that reject his word.

Sometimes, we grieve because our prayers cannot restore fingers and feet. Sometimes we grieve because they cannot restore the boyhood a crippled, old man might have had if we'd only reached him sooner. Yet we continue to rejoice. Often, leprosy patients have told us, "I am glad I got this disease. If it were not for leprosy, I would not have come to this hospital. If I had not come to this hospital, I would never have known Jesus Christ."

The Real Cure

Christian writer and surgical pioneer, Dr. Paul Brand, who served leprosy sufferers in India for many years, once said,

"The person with leprosy loses touch in more than one way. Not only does this horrible disease get into the nerves of his arms and destroys them and strangles them so that he can never again feel with his fingers, but somehow, and for some reason I cannot understand, this same germ gets between him and his friends, gets between him and his employer, gets between him and his community and builds a barrier so that a man who had experienced the loving warm greetings of his friends before, who had a job and could earn his living, finds that people turn away, that the children will run from him because they have been told by their parents they mustn't associate with this man who has leprosy. He is treated with a superstitious kind of fear. And so it is that leprosy is a lonely disease."

Dr. Brand believed that

"more than any other person in the world, the person with leprosy needs to be treated by somebody who will reach out his hand in the name of the Lord Jesus and touch him because, in that personal touch, backed by love and affection and devotion and compassion, we are mediating the love of Jesus Christ that this man, isolated by the world, should be welcomed into the fellowship of the Lord Jesus Christ."

We must reach out to people affected by diseases like leprosy with the love of Christ. We must be willing to touch them and love them into the kingdom. Bringing the real cure for leprosy will not be done until all the disabilities associated with the disease have been addressed. And it will not be done until all have heard the good news of the gospel from the one who can heal all hurts and wipe away all tears. It is only then that we can say leprosy has been cured.

Christopher J. Doyle is president of American Leprosy Missions, www.leprosy.org. Founded in 1906, ALM's mission is to be a channel of Christ's love to people with leprosy and disabilities, restoring them in body and in spirit.

The North American Church's Role in HIV/AIDS Care

by David Eller

The issue of HIV/AIDS in the world today is so large that it may appear beyond hope. According to the UNAIDS/WHO 2004 AIDS Epidemic Update, there are

more than 13,400 new infections and 8,400 deaths each day from HIV/AIDS. The same report shows that nearly forty million people are living with this deadly disease. As individuals and churches, what are we to do about these dire statistics? How do we grasp a pandemic of this magnitude? How do we bring the love of Christ to the millions affected? The truth is, the love of Christ is already evident through committed individuals within the Church body. Every church has a role in combating this massive problem, whether through prayer, dialogue, partnership and/or ministry.

The stigma attached to HIV/AIDS keeps this pandemic from being properly addressed. Throughout the world people are shunned, feared and condemned when it becomes known that they or someone in their family has HIV. The following is an example of a woman in Kenya who has been affected by HIV/AIDS:

Johnes is a widow and grandmother. Two of her eight children have died of AIDS and another one is HIV-positive. She has watched several grandchildren die of AIDS and at least two of her eight surviving grandchildren are HIV-positive.

Due to recurrent deaths in the family (and the family's history with HIV/AIDS), the community and the local church have neglected and abandoned Johnes and her family. People are afraid of contracting the HIV virus through casual contact with them. When her grandchild died, Johnes carried the body of the child by herself from the district hospital to the village. She dug the grave and buried the child alone, without any help from the church or the community.

It is hard to blame people for being afraid of a deadly disease like HIV/AIDS. The answer lies in providing information that will replace fear with knowledge. When people become educated about the disease and its transmission, they can then reach out in compassion without thinking they are risking theirs or their families' lives. In many areas of the world, the most effective way to share information is in person and in relationship. If we want education to take place, we must personally provide individuals and communities with the needed information.

Unfortunately, the stigma results from more than just a fear of catching the disease; it is also based on moral and social concerns. The majority of HIV infections are transmitted through sexual contact. This fact alone results in moral and social judgments. The Church must look beyond these judgment calls and reach out with compassion. As the Church talks about how to deal with this pandemic, it must simultaneously accept without stigma all of the children, women and men infected and affected by HIV/AIDS.

Ministry through the Local Church

In many places and in different ways Christians have taken the lead in caring for those with AIDS. One example of this is an Alliance for HIV/AIDS, pulled together from the Association of Evangelical Relief and Development Organizations (AERDO). Members of the Alliance include World Concern, Christian Reformed World Relief Committee, Food for the Hungry, Medical Ambassadors International, Medical Assistance Program, Nazarene Compassionate Ministries, Operation Blessing, Salvation Army, World Hope and World Relief. Programs are being organized in Kenya, Ethiopia, Mozambique, Zambia, Nigeria and Haiti to name a few.

The Alliance is mobilizing church interventions by building on the complementary strengths and areas of service of each contributing agency. The Alliance is currently

working on two programs. The first is caring for orphans and vulnerable children affected by HIV/AIDS; the second is implementing an HIV/AIDS prevention program aimed at youth. The Alliance seeks joint funding to use local community programs to reach a larger number of people.

There is a common belief among the organizations that the best solution to this pandemic will come from the local church, which has the mandate from Jesus to provide care for the sick, for orphans and for vulnerable children. The existing church structure provides a place to work. Unlike outside groups or agencies, it has been and will be an ongoing part of the community. Christians have the compassion of Christ to reach out and love those in need.

By training volunteers to use resources within their own church, each church is empowered to get involved. Volunteers visit the homes of orphans and vulnerable children to assess the needs and share the love of Jesus. They then encourage others to help. Churches are also being taught how to run prevention campaigns using a youth-to-youth education model. Pastors and church leadership soon recognize their call to serve those infected and affected by HIV/AIDS. In many churches, this includes overcoming the stigma of involvement in HIV/AIDS ministry. The Alliance has seen God moving the hearts of his people to reach out and care in mighty ways.

The North American Church

The North American church has a significant role to play in the global HIV/AIDS pandemic. However, we must accept that this role will require a long-term commitment. There are no universal or quick solutions. The Church must engage and stay at the center of prevention and care for the foreseeable future. It can do this in four ways:

- **Prayer.** As Christians, we uniquely bring the presence of Jesus Christ. This means praying for individuals suffering from the disease and those suffering because of the disease. Let us cry out to the Lord to bring hope through the gospel. Let us pray for brothers and sisters who are spending their time, energy and resources to be the hands and feet of Christ. Let each one of us pray that our own hearts would be open and that God would show us what part we are to play in his work.

- **Dialogue.** We must share the needs of those living with or affected by HIV/AIDS within our churches. The starting point in most congregations will be overcoming the stigma surrounding this disease. We need to reach a point where HIV/AIDS is discussed as comfortably as malaria or cancer. Through open discussion, God will bring together those he is calling into the church's HIV/AIDS ministry. What that ministry will look like will be as unique as the people God calls to serve. Those called to this ministry need to work with others that have walked the road before. There are many lessons that experienced practitioners can offer those new to the HIV/AIDS ministry.

- **Partnership.** If your work will be overseas, you will encounter many challenges. Understanding the culture takes time and project accountability at a distance requires significant infrastructure. For those looking to start a mega program, venturing out alone might be an effective method. For those wanting to partner with others, find missionaries within the same denomination that already have HIV/AIDS programs. Contact one or more of the agencies in AERDO to get information on who has missions and projects that match the heart Christ gave you. It is also important to support mission hospitals that are serving and caring for HIV/AIDS patients.

- **Ministry.** Trying to take on the global issue of HIV/AIDS is overwhelming. Let me suggest one approach. Once you decide God is calling you, select a place where you will work. This can be done by finding a partner with a project you believe in and then selecting a location in which to carry it out (or vice versa). By partnering with someone else, you can learn about cultural issues surrounding the disease within a specific people group. There is no single plan that will address all the needs in every location. Interventions must be tailored to specific situations.

The needs of this pandemic can be overwhelming. Children and adults are being lost when the Church does not engage in loving the sick and dying. Let us dialogue within the Church and pray for Jesus to show us where to get involved. Those of us that know Jesus Christ know that we have the hope that millions are searching for. Let us, therefore, go forth in love.

David Eller is HIV/AIDS Program Manager for World Concern www.worldconcern.org.

How the Unified Church Can Respond to Global Corruption: A Call which Will Impact Millions

By Robson C. Pereira

Life for a person living below the poverty line is short. This is the terrible conclusion one can reach by looking at indicators concerning human development.¹ To many evangelists, this might produce a sense of powerlessness. People are starving, suffering and dying everyday. Misery has been among us for a long time², and despite the efforts to diminish the vacuum between rich and poor by many organizations, the problem seems to grow larger each day. The causes of this are many: natural disasters, unjust international commercial laws, a history of political dependence and more. This article intends to help educate Christians on how to aid those under the poverty level to live longer and have a greater chance to hear the gospel.

There is one cause of poverty that seems to be present in all countries--corruption. Historically, corruption was not seen as a major international problem; however, in the last twenty years, important studies have detailed the impact corruption has on society. It devastates both the economy and the political system of a country. One major hypothesis in recent studies refers to the level of democracy and the perception of corruption in a given country. Corruption increases in large bureaucracies where state control is a strong tool for governmental perpetuation.

The major problem concerning corruption is the deviation of important financial resources. Those in politics and business take money meant for special projects such as those designed to fight misery. Millions of people depend on money sent by aid agencies; however, much of what is sent is stolen. Each year one trillion dollars is taken by corrupt individuals.³ Even in a case where a high rate of corruption goes with strong economic growth, the problem is considerable because the economy can take only so much deviation before going into a reverse process which will provoke profound economic recession.⁴

Corruption is also tied with terrorism. Often, some of the money taken is sent to feed terrorist actions. Drug dealers and weapon smugglers are all beneficiaries of a system that takes away what was sent for the poor.

The Church has tried for quite some time to tackle poverty and misery while evangelizing. Frustration often overwhelms missionaries who see children dying prematurely. They lift their fists to heaven and cry out for justice. The Church's commitment to evangelism is seen through the worldwide Lausanne movement in bringing churches together to accomplish this difficult task. However, it is also time for serious reflection on the Church's position concerning corruption and its effects on world evangelization. The world is moving towards a historical moment when the United Nations Convention Against Corruption is about to enter in force. Other organizations have already been addressing these issues: Organization of American States (OAS), Organization for Economic Cooperation and Development (OECD) and the Council of Europe. The Church must now also make a more focused stand against corruption. We can start by studying the book of Acts. This will lead us to change our view of the world, which will lead us to change our attitude in the world. This will result in us changing the world.

Acts: A Biblical Witness to Transformation

The disciples had been commissioned to evangelize the world; but they were shut up in the upper room for fear of what would happen to them (Acts 9). They looked upon the world as an instrument of destruction. Both the Jews and the Romans were a threat. The Holy Spirit came upon them and they began to see the world differently. Killers and assassins that they had been afraid of became people who needed the message of salvation. The disciples were the only ones who could deliver it. Once their vision of the world was changed, they could change their attitude as well. Fear gave way to boldness and anger was overcome by love. They were changed men. This paradigm shift brought about the most impressive change in world history. We need this shift again today.

According to Luke, the spread of the gospel had to do with a break in the status quo. Christians had to stop obeying the rules of men and start adopting the rule of God--even when it brought suffering. This is exemplified in the courage shown by Peter and John before authorities (4:19); how the first Christians cared for the poor (4:32-35); and in the error of Ananias and Saphire (5:1-11). In 8:14-24, Simon, who was once a sorcerer, came to faith. However, he had not been changed from within and soon erred. The answer he received should be the Christian answer when tempted to corruption: "May your money perish with you, because you thought you could buy the gift of God with money" (8:20).

God was changing how they saw the world in order to change their attitude in the world. In Acts 10:9-16 Peter learns about the salvation of the Gentiles. It is a testimony that conversion is always followed by transformation.

Acts depicts many other passages that show that when one embraces the faith, God will require a change only accomplished through the power of the Holy Spirit. This change will only occur when an individual seeks it. Failure to see this change might reveal a "heart not right before God" (8:21). The solution is "repentance and prayer" (8:22).

Latin America and Beyond: How to Fight Corruption

The unifying call to fight corruption will have a great impact on world economies. All Christians should avoid engaging in any activity that could be called corrupt. It might mean paying a price; however, the call stands. Let us be poor, but honest. Let our treasure be in the heavenly realms. We will make a real difference in the world when, united as one, we abdicate corrupt practices. The grim reality is that when we look at the one billion plus Catholics and protestants in the world today, we must face the fact that corruption exists in the Church as well.

Latin America is one of the regions in the world where corruption exists. United Nations General Secretary Kofi Annan recently affirmed that fighting poverty in Latin America will only be successful when governments manage to curb corruption⁵. According to Transparency International (TI), most Latin American countries appear with rates below 5.0.6 Many of these countries, which are stricken with poverty, have a high population of both Catholics and protestants.

However, one might say that although this may be true of Latin American countries, it is not true of the global situation. A quick look at developed countries shows differently.⁷ For some time, mostly protestant, developed countries have insisted that corruption belonged to underdeveloped countries. In order to do business with these "underdeveloped" countries, many companies engaged in bribe payments. Some, like Germany and France, allowed tax deductions for money used in bribing foreign officials who benefited in major contract signing. In 2002 TI published the Bribe Payer's Index (BPI) which showed countries according to their propensity to pay bribes in international negotiations. The report revealed a high propensity to pay bribes in countries such as Italy, the United States, France and Spain – all Christian countries.⁸ We must face the fact that rich Christians countries have contributed to spreading corruption, poverty and injustice.

We can infer that the some Christians that go out to share the gospel become involved in acts of bribery and illicit enrichment. Some have even offered to tithe all stolen goods. Some thank the Lord for illicit contracts--contracts which may send thousands of people, including Christian brothers and sisters, into a world of deprivation and misery. Some accept presents from corrupt authorities. Some sell their votes to help someone in their family get a job. Pastors lead congregations to vote on a corrupt candidate because the candidate unlawfully promised to give them land to build a church, Christian judges sell sentences to put money in their bank account.

We, as Christians, must recognize we are part of the problem. After acknowledging the Church's role in corruption and injustice, we must act. The following are suggestions to tackling corruption and its relation to global poverty:

- **Preach consistently against corruption.** Today, there are only a few places in the world where individuals cannot talk about corruption. Surely, these are the same places where the name of Jesus Christ isn't welcome. Preachers should present sermons about corruption. A study of the Bible will show a number of occasions where men tried to bribe, rob, steal and kill. We need to hear more about the transformation the Holy Spirit brings to all areas of our lives.

- **Publish academic resources on how Christians combat corruption worldwide.** Christians are found in varied fields of work. The Church should encourage theorists in various fields to write biblically-based articles and books on the impact of corruption on the population. The gospel message should be stated as the way to change people's character.

- **Develop programs on personal integrity.** The Christian world needs a down-to-earth program to curb corruption. Small groups should be formed in churches to discuss the subject. A study called "Total Integrity" will be launched in Brazil in 2006. It deals with integrity by addressing three main areas: personal integrity, social integrity and spiritual integrity. The objective is to help Christians and non-Christians look at corruption and its impact on world poverty.

- **Pressure governments to fight poverty and corruption.** There are Christians working in organizations throughout the world, yet the Church does not appear as an instrument of pressure in world politics. In many cases, the Church has not said much concerning terrorism, human rights, organized crime, authoritarianism, war or treatment of the environment. We must speak out when governments or individuals are going against the commands of God found in Scripture.

- **Formation of an International Office Against Corruption.** The Christian world needs a specialized office in the matter of curbing corruption that combines academic rigor and biblical commitment.

CRISCOR: An Example from Brazil

In Brazil, there is an initiative called CRISCOR (Christians Against Corruption, www.criscor.org), which seeks to use biblical ethics to encourage both Catholics and protestants in the fight against corruption. Criscor is working with the United Nations Office Against Drugs and Crime (UNODC) and has promoted social transformation based on a fair distribution of wealth. Criscor has a ten-year goal of taking Brazil's CPI from 3.9 (2004) to 7.0. In a country where 22% of its Gross Domestic Product (GDP) is taken through corruption, it is believed that more money will arrive to the poor by 2015. This will improve the lives of millions who would otherwise die of hunger and bad health conditions. By living longer, they will have a greater chance of hearing the gospel message.

Conclusion

Only when the Church is willing to look at corruption as a real threat to world evangelism will it be motivated to change. Christians in Europe and North America are called to join forces with Christians in Latin America, Africa and Asia to present an international and historical answer to world injustice, breaking the hold Satan has had on many nations. Our Lord Jesus Christ has called us to be light in this world. A small candle might not be enough to remove the darkness that corruption has brought into the world; however, millions of candles will surely provide the world with a powerful witness of the glory of God. If we all work together, those who live in both spiritual and social darkness might indeed live longer and hear the gospel message.

Footnotes

1. <http://hdr.undp.org/statistics/data/>
2. <http://aspe.hhs.gov/poverty/contacts.shtml#papers>. See as web www.hartford.hwp.com/archives/40/index-ddc.html.
3. <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS0,,contentMDK:20190295~menu PK:34457~page PK:34370~piPK:34424~theSitePK:4607,00.html> - as seen on October 3rd 2005.
4. Rose-Ackerman. "The Political Economy of Corruption." In *Corruption and the Global Economy*. ed. Kimberly Ann Elliott. June 1997.
5. www.un.org/News/ossg/sg/index.shtml
6. For TI's CPI - Corruption Perception Index - 10.0 indicates a country free of corruption perception, while 0.0 indicates a country with absolute perception of corruption (cf www.transparency.org).
7. The United States passed a bill in 1977 called FCPA which tightens the procedures of accountability. In the 1990s American companies Enron and World Com managed to live parallel to this law. See www.synergyassociates.ca/documents/Corporate%20Governance%20after%20Enron%20and%20WorldCom.pdf
8. www.transparency.org/pressreleases_archive/2002/2002.05.14.bpi.en.html

Robson C. Pereira is founder of Criscor (Christians Against Corruption, www.criscor.org), a movement in Brazil to bring awareness to churches about the impact corruption has on a population. Pereira is senior pastor at Brazil's Evangelical Christian Church. He is an accredited national speaker for Haggai Institute in Brazil.

You Gave Us Your Heart: SIM's Hope for AIDS Program Offering Hope to Many

by Russell Pratt

"You gave us your heart." These five words are foundational in my ministry. At times it is easy to be frustrated with missions and in particular with HIV/AIDS ministries. There is the potential to achieve so much and at times we seem to be moving so slow that we get almost angry and forget what is important. I asked one group of church leaders what it was that had made the most difference and their answer was "You gave us your heart." Clearly there had been others of whom they felt they could not say the same thing. All frustration with the apparent slowness of progress disappears when you realize the importance of relationships. Relationships with church leaders, missionary colleagues and communities that you are trying to assist are paramount. These relationships are more important than the ministry you feel is so critical or valuable.

My experience with HIV/AIDS ministries began in 2001. Serving in Mission (SIM, of which I am a part) field leaders could see that many of their ministries related to HIV/AIDS in some way. Yet as a mission we had no coordinated expertise in how to do HIV/AIDS ministry. We had a large number of people doing work in their own spheres of ministry. These individuals did not have a lot of contact with others and were not learning from the experiences of those facing similar challenges. A lot of these missionaries had added HIV/AIDS ministries to an already overwhelming assignment and some were having to tailor assignments or ministries around the environment that HIV/AIDS had produced. With fields and international headquarters wanting to develop some coordinated expertise, SIM commenced the Hope for AIDS program, which currently operates about seventy projects and works directly in eleven countries in Africa and India. My role is to develop and lead this program and ensure that we assist SIM in achieving its vision of planting, strengthening and partnering with churches.

Unforeseen Results of Hope for AIDS

In some instances our desire to work with local churches and partners has forced us to reevaluate our relationship with these same churches and partners. Where we thought we had a solid relationship and a deep understanding of their hopes or desires for HIV/AIDS ministries we were sometimes proved wrong. We have learned not to assume that we know what partners need or want. This has meant that in some fields we did not commence the projects in either the scope or number that we might have expected. However, when we began a ministry, it was always with the full support of partners. Similarly, some projects appear to be progressing far too slowly. One project was behind schedule after two years of planning. However, the project not only was back on schedule in year three, but actually surpassed original expectations. This rapid acceleration and growth resulted from support garnered from relationships developed in those apparently-wasted first two years. I have learned that my timing is not necessarily God's timing.

Hope for AIDS Program

The Hope for AIDS program has four key elements and is based upon the word "HOPE."

- **Home-Based Care:** Improved home and community-based care for those affected by AIDS.
- **Orphans:** Meeting the basic physical, spiritual and psychosocial needs of orphans and children-at-risk.

- **Prevention:** Prevention of infection by reducing high-risk behavior, especially among young people and children.
- **Enabling:** Enhanced church and partner capacity to develop AIDS-related ministries.

Originally the intention or expectation was to have different projects operating in only one of the above categories; however, we have found that while each project may have an original focus, many often end up working in more than one area. It is extremely difficult to do home-based care without caring for orphans and vulnerable children who live in either the same or neighboring houses. Much of the work we do includes teaching or educating, which leads to prevention-type activities and ministries. Enabling churches, partners and communities is a key motivation SIM has for maintaining Hope for Aids.

Each project seeks to engage with the specific community it is working in and is therefore unique from all other projects. One might think there is not much room for significant differences between home-based care projects in different regions, but there is great potential for developing personal programs. Some communities might focus on washing and cleaning the patient; others might be involved with housework. For others, the focus might be on moving in with a patient when family members are frightened by the idea of losing their loved one. Indeed, each of the other three categories can have similar variety.

The Unique Place of Mission Organizations in Relief and Development

There is, however, one common thread. This is the love of God that enables volunteers to remain committed to projects, despite the lack of material reward. This love is visible to the communities that we work in and to the neighbors and patients we visit. This love speaks of a God who can dispel the stigma, fears and superstitions that so many cultures hold concerning HIV/AIDS. This is why SIM does HIV/AIDS ministries. There are other organizations that do relief and development better than what we do and have better trained personnel. Although there are many good reasons why Christian organizations should be involved in this type of work, the vision of SIM is on "kingdom building." There are at least two advantages that mission organizations (and in particular, SIM) have over some organizations that specialize in relief and development.

1. History and grass roots contacts that spread across both rural and urban regions and countries. SIM has served in some countries for more than 110 years and has built strong and lasting relationships with individual communities. We are able to call on these relationships and can travel rather easily into rural areas. Relief and development agencies, often based in larger towns, do not typically have this easy access. Because we are more prominent in rural areas, we can more easily call upon local churches to provide volunteers if needed.

2. Answers to problems that governments are often facing. Many governments, in fact, ask us for answers for certain problems. Promoting abstinence and fidelity is not something many governments want to be part of (despite evidence suggesting these work); however, they generally encourage Faith-Based Organizations to share these important messages.

Despite the work we have done, I still get frustrated. Many people have died, many friends are HIV-positive and many societies seem slow to change. I believe Psalm 2 is just as applicable today as it was when it was first written. I can picture God sitting in heaven and mocking the efforts of the "kings and rulers" of this world. Despite the money and personnel committed to finding either an AIDS cure or vaccine, we are still some distance off. I imagine God looking down from heaven, knowing that the disobedi-

ent people will reap the consequences of what they sow. There is a sense of mockery in early portion of the Psalm and an awareness that the consequences to the “rulers” and “kings of the earth” will be severe.

I look at young people who have lost siblings because of HIV/AIDS. Many continue walking the same paths their brothers and sisters walked. It is very rare that they make a conscious decision to take another path. Why is this so? What have they got to lose by trying something different?

In Psalm 2 the psalmist advises the world to “serve the Lord with fear” and “kiss the Son.” Some commentators translate “kiss the Son” as “pay a deep and sincere respect to the Son.” When you respect someone, you listen to what they say and consider or follow their advice.

The Bible teaches faithfulness within marriage and abstinence before marriage. If we all were to show sincere respect to Jesus and the Father, the possibility of HIV/AIDS would be substantially reduced. Medical mishaps and mother-to-child transmissions would be reduced or eliminated. Psalm 2:12 advises that we “kiss the Son lest he be angry and you be destroyed in your way.” We are seeing this consequence today. However, this cause-effect in verse 12 is followed by “blessed are all who take refuge in him.” The good news is that while we are seeing the destruction mentioned in the first part of the verse, we are also seeing people taking refuge in him. Our prayer is that more and more people will continue to do this.

Realities of the Mission Call to HIV/AIDS Care

There are as many challenges as there are missionaries and ministries. One is the difficulty in motivating and caring appropriately for the volunteers involved in the Hope for Aids program. In many cases the volunteers are HIV-positive themselves. We need to provide sufficient “pastoral” care and support to each person as part of their regular training, working and de-briefing cycle. We also need to provide the same care for project managers who often support the volunteers.

In our HIV/AIDS ministry, people are coming to a saving knowledge of Jesus Christ. Children are rejoicing in the education they are receiving. Families and individuals are being fed hot meals. We receive words of encouragement from people who are grateful that someone has ignored the stigma, fears and superstitions and taken the time to visit them. All these things are all worth rejoicing over. However, the losses also hurt in a very real way. Consoling children who have lost parents or siblings, attending yet another funeral and ensuring care for still another orphan/vulnerable child are all draining. It is difficult to talk with a young person who recently discovered they are HIV-positive.

When next you pray for missions around the world, pray for the people mentioned above. Pray for the people who face these challenges. Pray that the joys and victories they see now--and the hope of the future--will sustain them.

Russell Pratt has coordinated SIM’s Hope for AIDS program, www.hopeforaids.org, since 2001. He and his family live in South Africa.

PEOPLES OF THE WORLD

The Rise (and Fall?) of HIV

by Justin Long

An estimated thirty-eight million adults and children are infected with HIV/AIDS today; twenty million have died from the disease so far. By 2050, some 297 million people—the equivalent of the entire United States population—will have perished. Any plan to reach the unreached must grapple with AIDS.

Although the World Health Organization presently lists avian flu as the greatest threat to humanity, AIDS remains the disease with potentially the longest impact period. This analysis attempts to estimate the progress of HIV to 2025--something many think is impossible. It is difficult to track this and we need to keep two things in mind when looking at the table below. First, estimates of those living with HIV infections lack precision. In some countries the spread between the minimum and maximum estimates can literally be the tens of thousands of people. Second, projecting the future of HIV means not only estimating the number of people who will become infected through various means, but analyzing the impact of the national response (or lack thereof).

To try and simplify this, both 2001 and 2004 infection statistics were gathered from the most recent UNAIDS report (Bangkok 2004). For countries where data was missing, an estimate was interpolated from reviewing epidemiological histories. The percentage estimates were then broken down into seven categories: 0=0 to 0.1%; 1=0.1 to 0.5%; 2=0.5 to 1.0%; 3=1.0 to 5.0%; 4=5.0 to 15.0%; 5=15.0 to 30.0%; and 6=above 30%. Within the categories there is room for a great deal of movement. Thus, a country might move from 1% to 2% to 4%, then decline back to 2%—all while staying in category 3. After looking at the history, countries were slotted into categories they would most likely fit into for the years 2010 and 2025. In most cases this was a simple progression but in a few instances there were jumps.

The data table below includes a review of each country, the categories for the years and a (very!) brief comment on the situation. Because of this simplified analysis, many countries are only briefly discussed. Countries with codes 0, 1 and 2 are all have less than 1% infection rates, which seems to be fairly manageable. Governments that respond quickly and comprehensively can contain the epidemic. However, some countries are not monitoring the situation well. This is particularly dangerous, as no one knows the true HIV/AIDS picture in these countries. I have tried to estimate based on regional trends and other countries in similar situations, but these are places where HIV could rapidly increase.

The worst country is Botswana, which has the highest infection rate of any nation. Countries with the highest percentage of people infected in 2010 are all in Africa: Lesotho, Namibia, South Africa, Swaziland, Zambia, Zimbabwe and Botswana. However, countries with the most infections are not necessarily the ones with the highest percentage infected. For example, many observers believe that Russia, China and India will have the largest number of infections in the next decade or so, while still having small percentages. Out of 164 countries touched by HIV, nearly one hundred have infection rates of less than 1%. However, a little over a third are "teetering" in category 3 (1-5%). Another twenty-five or so have terrible epidemics that have swept through the populace. Once a

nation reaches categories 4 or 5, the economic and social consequences are horrendous and nearly impossible to deal with. Very few of these countries are close to eliminating the virus from their borders.

Interestingly, Christianized countries are seeing more of the serious effects of AIDS. Some seventy-five World C (majority-evangelized, majority-Christian) countries have serious, rampant epidemics, while only twelve World B (majority-evangelized, minority-Christian) countries and no World A (unevangelized) countries do. However, thirty-six World A and fifty World B countries are lightly infected.

There is no easy solution to HIV/AIDS. Simply stopping “risky behavior” is not always easy to do. Economic, social and educational realities in the field are complexities we must struggle with. However, it is chilling to note United Nations reports indicating aid to the twenty-eight countries with the greatest HIV prevalence declined one-third between 1995 and 2000.

Country	'01	'03	'10	'25	Notes
Afghanistan	0	0	0	0	Few cases, little monitoring.
Albania	0	0	0	0	In risk groups, little monitoring.
Algeria	0	1	-	-	Early national response, stable.
Angola	3	3	4	3	Challenges, likely short-term growth.
Argentina	2	3	3	2	In south, national program.
Armenia	1	1	1	1	National program being implemented.
Australia	1	1	1	2	National program but growth possible.
Azerbaijan	0	0	1	2	High potential for explosive growth.
Bahamas	3	3	3	3	Some evidence of decline.
Bahrain	1	1	1	0	Mainly drug-users, in decline.
Bangladesh	1	1	1	1	Patchy data, high risk, slow response.
Barbados	3	3	3	3	Highest rate in region, national plan.
Belarus	1	2	3	3	In 2 risk groups, mainly young, growing.
Belgium	1	1	2	3	Stable in Belgians, growing in aliens.
Belize	3	3	3	3	Limited monitoring.
Benin	3	3	3	3	National plan but limited treatment.
Bhutan	0	0	1	1	Few infections now but risk of epidemic.
Bolivia	1	1	1	1	Among small at-risk populations.
Bosnia	0	0	1	1	Low prevalence but lack of monitoring.
Botswana	6	6	6	5	Generalized epidemic, national plan.
Brazil	2	2	3	3	In risk-groups, spreading, national plan.
Brunei	1	1	1	1	Mostly among immigrant workers.
Bulgaria	0	1	2	3	Rapid increase, in all risk-groups.
Burkina Faso	3	3	3	3	Epidemic stabilized, national plan.
Burundi	4	4	4	3	High commitment, many challenges.
Cambodia	3	3	3	2	National response, AIDS in decline.
Cameroon	4	4	4	4	Epidemic, growing, national plan.
Canada	1	1	1	1	Among small at-risk populations.

Cent African Rep	4	4	4	4	Massive epidemic.
Chad	3	3	4	3	South, earnest but insufficient response.
Chile	1	1	2	1	South, regionally coordinated plan.
China	1	1	3	4	In all provinces, 10mln in 2010 est.
Colombia	2	2	3	3	Health plan only reaches 56% of pop.
Comoros	0	0	1	1	No monitoring.
Congo (Rep)	4	4	3	3	Post-war, national plan adopted.
Congo-Zaire (Dem)	3	3	4	4	Post-war, growing epidemic.
Costa Rica	2	2	2	2	Among young, plans underfunded.
Cote d'Ivoire	4	4	4	4	Post-war, recent plan established.
Cuba	1	1	2	2	Few perceive risk, rate slowly growing.
Cyprus	0	0	0	0	No monitoring.
Djibouti	3	3	3	3	Little monitoring.
Dom Republic	3	3	3	3	National plan, coordinating with Haiti.
Ecuador	1	1	1	1	Small at-risk populations.
Egypt	0	1	1	1	Low prevalence but several risk factors.
El Salvador	2	2	2	1	National plan with close collaboration.
Eritrea	3	3	3	3	Epidemic possibly stabilizing.
Estonia	2	3	3	2	Concentrated among drug addicts.
Ethiopia	3	3	3	3	Epidemic, national multisector plan.
Fiji	1	1	1	1	Early stages, growing rapidly.
Gabon	4	4	4	4	Epidemic.
Gambia	3	3	3	3	Growing, national plan underfunded.
Georgia	0	1	1	1	Early strong national response.
Ghana	3	3	3	3	Low but growing rate.
Guatemala	3	3	3	2	Widespread, plan, some decline.
Guinea	3	3	3	3	General epidemic, national plan.
Guinea-Bissau	3	3	3	3	Little monitoring, estimated.
Guyana	3	3	3	3	General epidemic, national plan.
Haiti	4	4	4	4	General epidemic, growing.
Honduras	3	3	3	3	Growing, no prevention plans.
India	2	2	4	4	Many challenges, rapidly growing.
Indonesia	1	1	1	2	Potential increasing risk.
Iran	1	1	1	1	Mostly drug-users, little monitoring.
Iraq	1	1	1	1	Little monitoring especially after war.
Israel	0	1	1	1	National plan.
Jamaica	2	3	3	2	General epidemic, national plan.
Japan	1	1	1	2	Rising steadily among males.
Jordan	0	1	1	1	Small numbers, national plan.
Kazakhstan	1	1	1	1	Among drug-users, growing.
Kenya	4	4	4	4	National plan being scaled up.
Kuwait	1	1	1	1	Among small at-risk groups.
Kyrgyzstan	1	1	1	1	Mostly among drug-users.

Laos	0	1	1	2	Small but increasing risk of growth.
Lebanon	1	1	1	1	Small but increasing numbers.
Lesotho	5	5	5	5	General epidemic.
Liberia	4	4	4	3	Plan needs funding.
Libya	0	1	1	1	Collaboration with NGOs.
Madagascar	3	3	3	3	Plans challenged by national problems.
Malawi	4	4	4	4	General epidemic, national plan starting
Malaysia	1	1	1	1	Mainly drug-users, limited response.
Mali	3	3	3	2	Developing national action plan.
Mauritania	2	2	2	2	National plan but numerous risk-factors.
Mauritius	0	0	1	2	No monitoring.
Mexico	1	1	1	1	Isolated but growing.
Mongolia	0	0	0	0	A handful of cases.
Morocco	0	0	0	0	National plan, limited spread, few cases.
Mozambique	4	4	4	4	Plan faces challenges at province level.
Myanmar	3	3	3	3	Political wrangling challenging response.
Namibia	5	5	5	5	General epidemic.
Nepal	1	2	1	1	Concentrated epidemic in at-risk groups.
New Zealand	1	1	1	1	Among small at-risk groups.
Nicaragua	1	1	2	2	Infections are accelerating.
Niger	3	3	3	3	Little monitoring and response.
Nigeria	4	4	4	3	Largest number of infections in region.
Oman	1	1	1	1	National response, AIDS declining.
Pakistan	1	1	1	1	Increasing, national plan scaling up.
Panama	2	2	2	2	Multisector response plan.
Papua New Guinea	1	2	2	2	On the brink of a serious epidemic.
Paraguay	1	2	2	2	In the south, regional coordination.
Peru	1	2	2	2	Rapid growth in urban concentrations.
Philippines	1	1	1	1	National plan, AIDS appears contained.
Qatar	0	0	0	0	Little monitoring.
Russia	2	3	4	4	Observers estimate at 10% in 2010.
Rwanda	4	4	3	3	Post-war challenges, plan scaling up.
Saudi Arabia	0	0	0	0	Little monitoring.
Senegal	2	2	2	2	Concentrated in at-risk groups.
Sierra Leone	0	0	1	3	Rapidly spreading in post-war era.
Singapore	1	1	1	1	Growth in infections.
Somalia	1	1	1	2	HIV response part of humanitarian aid.
South Africa	5	5	5	4	Political challenges to national response.
South Korea	1	1	1	1	Mainly homosexuals, national plan.
Spain	2	2	2	2	Mostly through drug users.
Sri Lanka	0	0	0	0	Small numbers of infections.
Sudan	3	3	3	3	Severe in the south; work by NGOs.
Suriname	3	3	2	2	Many infections among youth.

Swaziland	6	6	5	5	National plan, some evidence of decline
Syria	0	0	0	0	Early response kept infections low
Tajikistan	0	1	1	1	Concentrated in at-risk groups.
Tanzania	4	4	4	3	National multisector response plan.
Thailand	3	3	3	2	Becoming generalized into population.
Togo	3	3	3	2	Multisector national response plan.
Trinidad & Tobago	3	3	3	3	Steadily rising, spreading to all regions.
Tunisia	1	1	1	0	Early comprehensive national response.
Turkey	1	1	1	1	National response plan, low infections.
Turkmenistan	0	1	1	1	Signs of the start of a potential epidemic.
Uganda	4	3	3	3	Declining but still serious.
Ukraine	3	3	3	3	Entrenched epidemic.
United Arab Emirates	0	0	1	1	National response plan.
United States	2	2	2	2	An estimated 1 to 2 million infected.
Uruguay	1	1	2	2	Montevideo, alarming increases.
Uzbekistan	0	1	1	1	Begun implementation of sector plans.
Venezuela	2	2	2	2	Political problems challenge response.
Vietnam	1	1	2	2	Becoming generalized into population.
Yemen	0	0	1	1	Little monitoring.
Zambia	5	5	5	5	Impoverishment challenging response.
Zimbabwe	5	5	5	5	Severe economic challenges.
29 European countries	1	1	1	1	Smaller infections among at-risk groups.

(Key: 0=0-0.1%, 1=0.1-0.5%, 2=0.5-1.0%, 3=1-5%, 4=5-15%, 5=15-30%, 6=30%+)

We need to look at the command of Jesus: "As you do it to the least of these, you do it to me." We need believers who are willing to spend time among those who are struggling with the disease. We need to help and be a blessing, rather than being people who cut off assistance to those who need it most. Thankfully there are partnerships of churches and agencies working on AIDS. As senior editor of Momentum magazine, www.momentum-mag.org, I am looking to put together a directory of agencies and partnerships that specialize in HIV/AIDS care. If you would like to be included, please email us at editors@momentum-mag.org.

Justin Long manages strategicnetwork.org and is senior editor for Momentum, www.momentum-mag.org, a magazine devoted to unreached peoples.

Into Their World...The Kazakh of Kazakhstan

By Laurie Fortunak

As the second largest Muslim group in Central Asia, the Kazak people have had a tumultuous history, experiencing wars, migration and domination for centuries. One of the most influential ethnic groups in Central Asia at one time, the Kazak now dwell mainly in Kazakhstan, but can also be found in Mongolia, Ukraine and Russia. In the late fifteenth and early sixteenth centuries, various clans of the Kazaks formed a federation

of mutual protection which lasted until the nineteenth century when Russia claimed the entire territory of Kazakhstan. Tragically, nearly half of the Kazak population was killed during the 1920s and 1930s Russian Civil War.

Traditionally nomadic shepherds, the Kazaks lived in dome-shaped felt tents called yurts. However, after the annexation and war, they were soon forced to move to apartments in cities and depend on the Russians for resources and goods. Yet there is currently a movement to re-develop their identity as nomadic shepherds.

Kazaks living in the city tend to wear Western dress while those in rural areas wear more traditional garb, such as loose colorless shirts and baggy pants. Most Kazak families are patriarchal (male-dominated); however, this is gradually changing. Many Kazak's eat a diet consisting of rice, bread, fruits and vegetables.

Kazaks have embraced Islam since the sixteenth century and recent attempts by Russia to suppress religious freedoms have only increased the role of Islam in this people group. Many Kazaks, however, combine Islamic practices with traditional folk religions which include belief in spirits, animism and ancestor worship. The Kazaks continue to consult shamans and practice various traditional rituals before and after marriage, at birth and at death.

Due to a mismanagement of natural resources, the Kazaks are also facing many difficulties, including contamination of drinking water, a high infant mortality rate and a high rate of still births and birth defects.

For more information on this people group, visit:

www.janzteam.com/OSTEUROPE/en/sca.htm

www.imb.org/centralasia/pray/Kazakstan.html

www.kazakhcrafts.com/

www.ksafe.com/profiles/p_code/1021.html

For more information on mission agencies serving this people group, visit:

www.peopleteams.org/agencies.html

(Information compiled from www.joshuaproject.net)

Laurie Fortunak serves as editorial coordinator for Lausanne World Pulse.

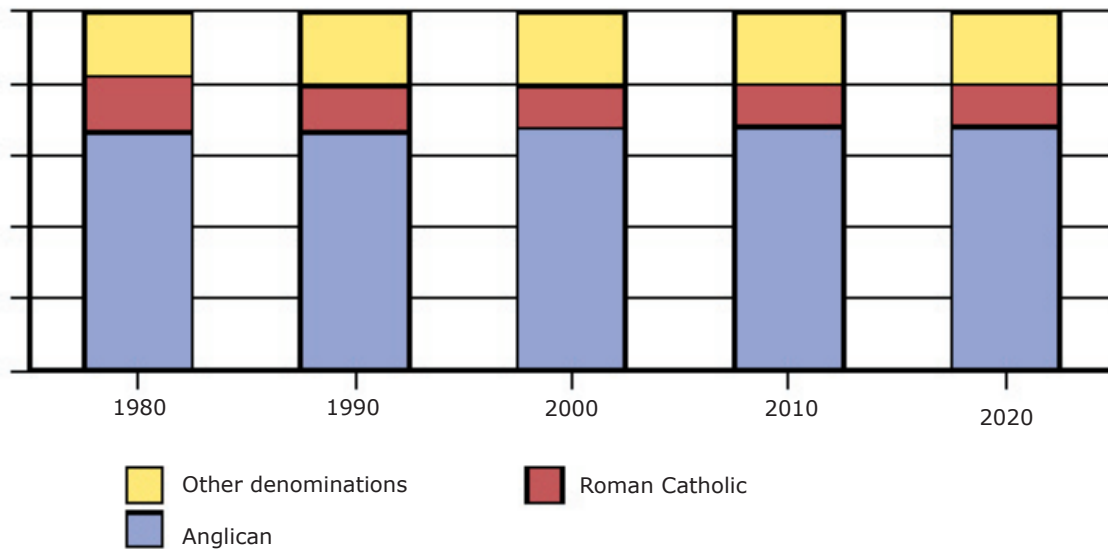
TRENDS AND STATISTICS

The Changing Pattern of Marriage

By Peter Brierley

Marriages, whether in church or a Registry Office, were not counted in the United Kingdom before 1837. In the nineteenth century, the majority of weddings took place in Anglican churches. Churches of other denominations gradually became licensed for marriage. Since then, the percent of marriages taking place in these churches has increased from 20% in 1900 to 33% by 2000. Recent and future proportions are graphed in Figure 1. Overall numbers still show dominance by the Church of England.

Figure 1: Proportion of Religious Marriages by Denomination, 1980-2020



Church Weddings

It has been estimated that perhaps 10% of those getting married in Church of England churches are people within the church community. The other 90% are those using state church buildings and ministers for such occasions.

In his book *Secular Lives, Sacred Hearts*, Alan Billings suggests four reasons why people get married in a church:¹

1. Leaving behind the world of the non-married. Marriage is often seen not as a bond of intimate and individual relations, but as a rite of passage into a specific community. It is "the precursor to family life."
2. Deepening an established relationship. Most couples getting married today are already living together. According to Billings, marriage is seen partially as a "thanksgiving for their shared life to date"; however, it is also seen as a "fresh commitment to the future."
3. Establishing security and stability. Exchanging vows is seen as one way to guarantee the permanence and stability of the couple. "The vows make it clear that commitment in marriage is commitment to each other," Billings writes, and that getting married in church is seen as a serious occasion.
4. Committing in a "sacred place." People want to get married in church because it is seen as a sacred and holy place. According to Billings, the church is a sacred place because "the rites...are Christian and (the couple) would count themselves as Christian, even though they never attend church."

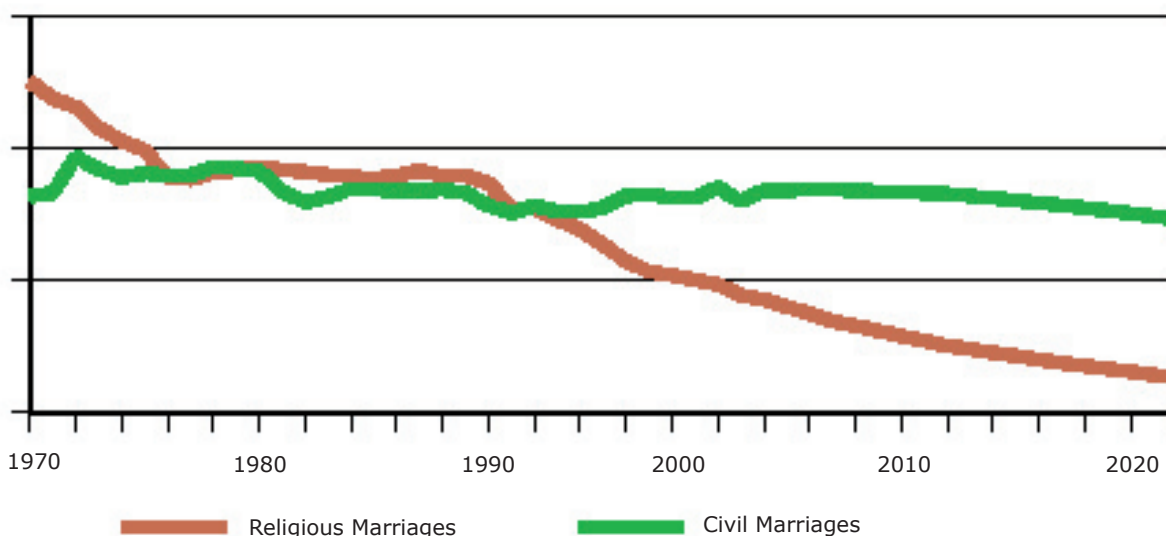
A 1995 government survey queried those who had been cohabiting but who were now getting married as to why they decided to make the commitment. Nearly 34% said they wanted to "make (the relationship) more secure." Another 21% said they "wanted to have (or had had) children."²

Declining Proportion

Church weddings do not just include existing churchgoers; religious marriages as a

proportion of the total of all marriages in England have dropped from 60% in 1971 to 50% in 1991 to 36% in 2001. Marriage figures are collected by the government, who define a "religious" marriage as one taking place in a recognized place of worship. This is illustrated in Figure 2:

Figure 2: Religious and Civil Marriages, England 1970-2002



The decline in religious marriages is due to two factors: (1) the increasing number of second marriages (where one of the persons marrying had been married before and opts for a non-church ceremony the second time around) and (2) the opportunity to have the marriage service done on approved premises (alternative locations where marriages are licensed to take place), rather than in Registry Offices.

Of the two, the second is more important to what we are addressing. The proportion of second marriages increased from 37% of the total in 1991 to 40% in 2000. Some churches still do not allow the marriage of two people if a former partner of a previous marriage is still living. Consequently, most second marriages do not take place in a church and are therefore not counted as a religious marriage.

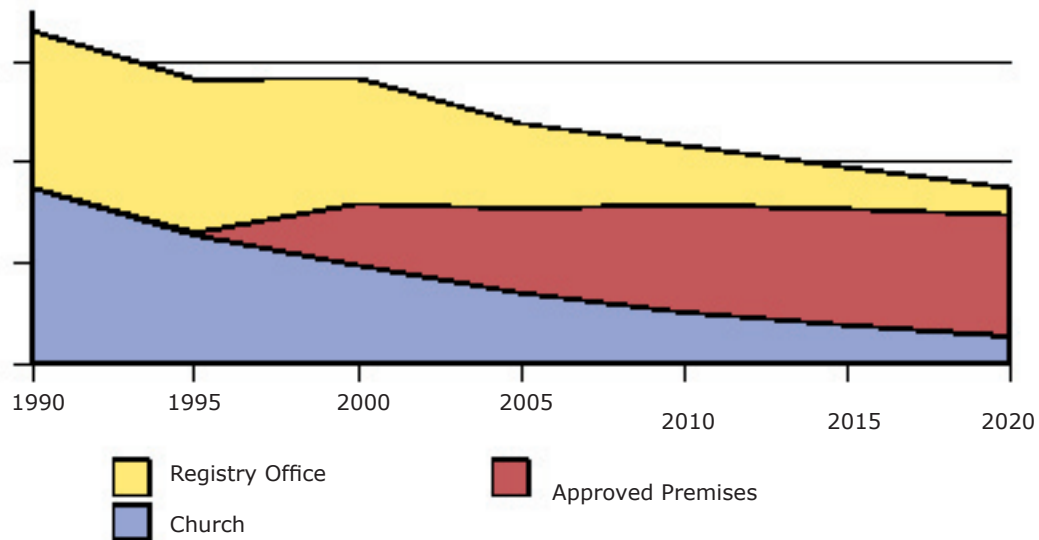
First marriages which are religious in England and Wales have dropped from 66% in 1991 to 48% in 2001.³ The majority of those marrying for the first time are in their twenties. Half of these couples wish to have a religious marriage, yet only 5.3% of individuals in that age group attend church. This is suggestive of a wider, if nominal, affiliation to Christianity.

Approved Premises

Approved Premises are often country houses, parts of the National Trust or quality hotels. However, with special permission, they can also be in more exotic settings such as the bottom of a swimming pool or on top of the wings of an aircraft flying at 150 mph! Such locations are especially attractive to those wanting something special, adventurous or unusual, or who feel that a Registry Office is too sombre or a church too uncomfortable. This is often the case with those starting second marriages.

Approved Premises were only introduced in 1995, yet are already proving popular. The proportion of marriages in approved premises grew from 17% of the total in 2000 to 24% in 2002. If present trends continue, more than half of all marriages may be done on approved premises by 2010. More than two-thirds may occur on these sites by 2020. Figure 3 shows that Registry Office and church weddings are declining.

Figure 3: Location of Marriage, England and Wales, 1990-2020



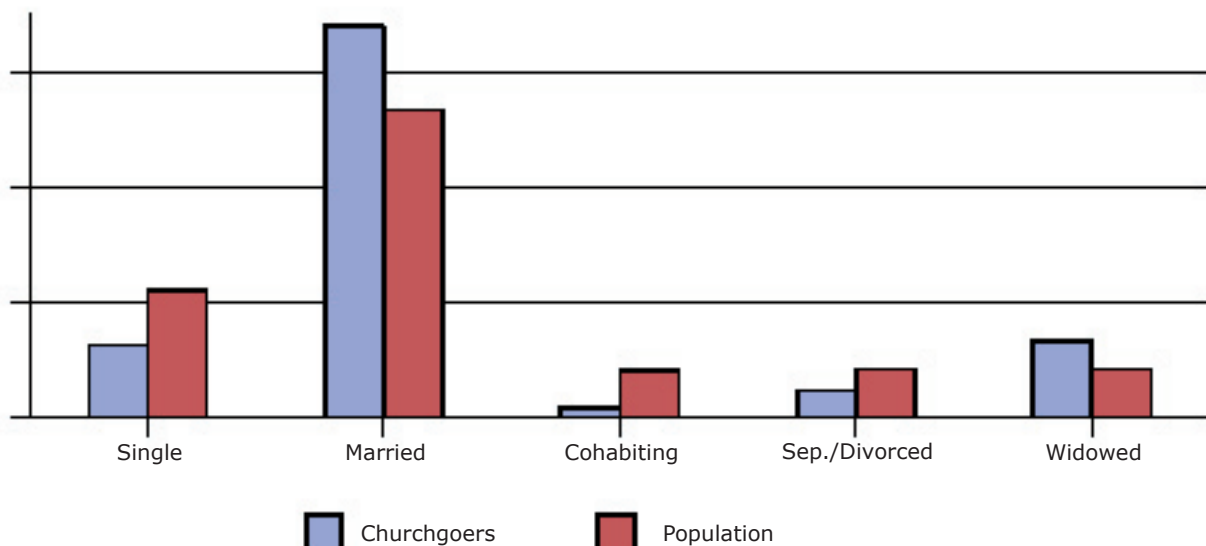
Consequences of Cohabitation

Many people cohabit today. One consequence is that the average age at marriage for men and women is thirty and twenty-nine, respectively. Thirty years ago, men and women were getting married about five years earlier. Many church people also cohabit; the proportion of religious marriages where the couple cohabited before marriage was roughly 41% in 1994.⁴ This percentage has most likely increased since then.

Another consequence of cohabitation is that more people are living together and never marrying. Cohabitation is not seen (by some) as a "trial marriage," but as a perfectly acceptable way of living. Nearly 12% of men and 10% of women aged thirty to forty-four cohabited in 1996. These figures increased to 16% and 14% respectively by 2001 and are likely to become 21% and 20% respectively by 2011.⁵

While many church people cohabit before marriage, relatively few continue to cohabit rather than get married at all. The marital status of church people is therefore different from that of the general population. This is shown in Figure 4.⁶

Figure 4: Marital Status, Churchgoers and Population, 2001



So What?

While many will continue to use the church for marriage, the percentage doing this is likely to decrease substantially over the next twenty years. Biblical teaching on the issues of marriage, betrothal and cohabitation needs to be re-emphasised in many churches. This is true even if those attending church are cohabitating but intending to marry. This issue will not go away in the next few years; rather, it will become an even more important reflection of the Christian lifestyle.

Endnotes

1. Alan Billings, *Secular Lives, Sacred Hearts*, SPCK, 2004, Chapter 4.
2. Population Trends No 96, Summer 1999, quoted in *Religious Trends No 2, 2000/2001*, Christian Research and HarperCollins, London, 1999.
3. Archbishops' Council. Research and Statistics Department, *Church Statistics 2001*. London: Church House Publishing . 2003. page 20.
- 4) Article by John Haskey in *Population Trends No 89, Autumn 1997*, Office for National Statistics. Reproduced in *Religious Trends No 2, Table 4.6.3* (op cit item 2).
- 5) *Population Trends No 115, National Statistics, Table 12.5*. Reproduced in *Religious Trends No 5, 2005/2006*, Christian Research, London, Table 4.8, 2005.
- 6) Taken from *Religious Trends No 5* (op cit Note 5), Figure 4.9.6, based on 6,600 churchgoers.

Peter Brierley is the Senior Lausanne Associate for Church Research. He attended Lausanne I in 1974, and has been involved with the Lausanne movement since 1984. Formerly a government statistician, he is currently executive director of Christian Research, a UK charity which produces resource volumes like *Religious Trends* and the *UK Christian Handbook* (details on www.christian-research.org.uk). Email address is admin@christian-research.org.uk.

LAUSANE REPORTS

Sixth Asia Lausanne Conference on Evangelism

by David Lim

The Executive Committee of Asia Lausanne invites everyone to the Sixth Asia Lausanne Conference on Evangelism (ALCOE VI). ALCOE VI will be held 22-26 May 2006 at the Legend Villas, Mandaluyong City, MetroManila, Philippines. As in previous Asia Lausanne conferences, including the 2004 Forum (held 28 September – 6 October 2004 in Pattaya, Thailand), this one promises to be the best ever!

The theme will be "A New Heart for the Evangelization of Asia" and our objectives are to

- (1) reawaken our passion for the evangelization of Asia
- (2) identify effective strategies
- (3) recommit our hearts to the task.

A maximum of 150 participants will be invited to the conference, with no more than seven individuals representing each country. Our hope is that each participant will be a church or para-church leader and that forty percent of attendees will be under the age of forty. These leaders will influence his or her national church for the evangelization of Asia. Non-invitees are welcome as guest participants.

The ALCOE VI registration fee is US\$100 (US\$50 for those from developing nations).

Please send your check form via mail to: Quezon City Main P.O.Box 1852, 1158 Quezon City, Philippines. Or you may make an inter-bank transfer to me at: Banco de Oro Unibank, Aurora Branch, Account Number 10121226. This amount is non-refundable, but transferable.

We look forward to your enthusiastic participation.

Members of ALCOWE Executive Committee include Dr. Jong Yun Lee (chair), Dr. Hwa Yung (vice chair), Rev. Makito Masaki (secretary), Lim K. Tham (treasurer), Dr. John Chong Nahm Cho, Dr. Ken Gnanakan and Rev. Stephen Mirpuri.

LEADERSHIP MEMO

Gathered to Scatter: Raising Up the Next Generation of Leaders

By Doug Birdsall

This past summer and fall, I had the privilege of meeting with ministry leaders from Africa, Asia, Europe, Latin America, North America and Australia/Oceania who are all committed to the cause of world evangelization. A few weeks ago, I was also able to meet with our Lausanne international deputy directors at The North American Consultation on the Role of the Church in the HIV/AIDS Pandemic. One concern consistently raised in these meetings was the necessity for a younger generation of Christian leadership to be raised who will meet the challenges of the twenty-first century.

The global Church needs leaders with Christ-centered integrity, biblical vision and demonstrated leadership competence who will lead the Church forward. Unfortunately, this leadership is in short supply with respect to the global mission enterprise. This is a concern even with the HIV/AIDS pandemic; today's Christian leaders must understand how HIV/AIDS is impacting the world, affecting families, communities and economies. From the pulpit, leaders must be able to challenge the Church to better understand the devastation of HIV/AIDS and to move in compassion in real and tangible ways.

As we look around our world today, the Church is increasingly fragmented at the same time that the world is being increasingly globalized and plagued with global issues. Additionally, many younger leaders are being influenced by the idea that in order to be successful, one must operate in a business-model or mega-ministry type context. These are not the ideals modeled by Christ.

Historically, the Lausanne movement has played a key role in uniting the Church around the world in the task of world evangelization. As we face the challenges of a new millennium, the Lausanne movement recognizes the need for a new generation of leaders to strengthen both the movement and as a result the whole Church to take the whole gospel to the whole world. We desire to infuse the leadership of the Church around the

world with the "spirit of Lausanne," a spirit of prayer, humility, partnership and hope.

The Singapore '87 Younger Leader's Conference, sponsored by Lausanne, was successful in bringing leaders together. Many of us who were at Singapore '87 would refer to it as the most significant conference we ever attended. It was the Singapore '87 conference that God used to expand my horizons and open my eyes to the realities of the world. It also served to connect me with outstanding younger leaders who have become lifelong friends. Two of these leaders, Peter Kuzmic and Ajith Fernando, would both say that God used the conference to launch their international ministries. Singapore '87 shaped the thinking of many leaders, including myself. Many of the leaders have today forged enduring partnerships and friendships.

In the same way, we pray that God will use the Lausanne Younger Leaders Gathering 2006 in similar and in even greater ways. As a global gathering, the event serves as a catalyst for an ongoing development of younger leaders committed to world evangelization. A team of recommenders from around the world are in the process of selecting 550 leaders between the ages of twenty-five and thirty-five to attend the gathering. If you would like more information about this event or would like to recommend a younger leader, please go to www.lausanne.org and click on "Younger Leaders Gathering Info" at the bottom of the page.

I thank you for your partnership in the gospel and for the fellowship we enjoy through the Lausanne movement. It is my prayer that this issue of Lausanne World Pulse may enlighten and challenge you to think further on the global issue of HIV/AIDS and what it may take to develop a younger generation of Church leaders who will boldly and compassionately face such a challenge. May God continue to wonderfully bless you.

Doug Birdsall is Executive Chair for the Lausanne Committee for World Evangelization, www.lausanne.org, and director of the J. Christy Wilson, Jr. Center for World Missions at Gordon-Conwell Theological Seminary. He has served as a missionary in Japan with Asian Access/LIFE Ministries since 1980. Birdsall has been president of Asian Access, www.asianaccess.org, a mission focused on evangelism and church multiplication, since 1991.

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