



Quarterly Update

Fall 2003

Next Steps with the Women's Empowerment Project Funded by the Bill and Melinda Gates Foundation

In February of this year, GAIA was pleased to announce that we had received a grant of one million dollars. This money will fund a three-year project designed to develop and train a network of women in rural Malawi villages to provide HIV/AIDS prevention and care. Working with our chief Malawi collaborator, Churches Action in Relief and Development, GAIA has since hired five women to oversee the project reaching 25 villages in Southern Malawi. The supervisory team is an ideal balance of experience, knowledge of local conditions, and age to serve the population sectors most in need of help. In July the supervisors trained five women from each village (a total of 125) in HIV prevention education, voluntary counseling and HIV testing, home based care and orphan care, and women's empowerment strategies. An initial task was to register orphans— 1599 children were enrolled and are beginning to receive assistance.



The women also help the communities by providing basic care supplies— including food, Tylenol, soap, and latex gloves— to people ill with HIV. Some families are reluctant to accept help because of the stigma associated with HIV. Little by little, however, the women are overcoming this fear. By August, 150 patients had been visited and helped.

As the project got underway, Bill Rankin and several GAIA board members and volunteers met with the project staff to monitor progress. It was here that the urgent need for motorcycles for the five supervisors became evident. The extraordinary commitment of GAIA donors responding to this need enabled GAIA to wire \$18,000 to Malawi for five Yamaha motorbikes – “Dirt cheap, tough as old leather,” in the manufacturer's splendid phrase. The five women will reach the villages in dry and rainy season alike without undue delay or hardship.

About the Bill & Melinda Gates Foundation

The Bill & Melinda Gates Foundation is dedicated to improving people's lives by sharing advances in health and learning with the global community. Led by Bill Gates' father, William H. Gates, Sr., and Patty Stonesifer, the Seattle-based foundation has an endowment of approximately \$24 billion.



Don and Mary Thomas, GAIA eyes-on-the Ground in Malawi

GAIA trustee Don Thomas, MD, volunteered for three months this Spring in Malawi. He and Mary visited various GAIA projects and researched others for inclusion within our support network. Through him we learned of additional resourceful people heading important projects. We share a few clips from their e-mails below, each describing a group that we support or are seeking funding to support:

May 15, 2003: The second day here we met with Dr. Michael O'Carroll, a consultant to the Malawi Health Ministry. Seven years ago he mentored Peter Bwanali, age 16, and Gift Bandewe, age 12. Both were AIDS orphans, but under O'Carroll's tutelage both are now self-sustaining young men. They have started and are leading educational, agricultural, entrepreneurial projects with the youth of Kauma.

Kauma is a very poor, rural squatter town of 20,000 outside Lilongwe. With no electricity, no running water, no well, and no sewage lines, Peter and Gift have banded youth leaders together to form 29 anti-AIDS clubs for children. Through drama they educate all ages about AIDS prevention and life



Caregivers at Open Arms Infant Home (photo: Don and Mary Thomas)

skills. They raise money through contributions from churches, individuals, and citizens of the village, and through projects to buy maize for distribution to 14 Kauma women caring for 3 to 7 orphans in each home. The Kauma Village Youth and Children's Centre also helps orphans with school fees.

May 30, 2003: Today I had an experience I can't stop thinking about. A group of us from Embangweni Hospital traveled 48 miles for over two hours on unbelievably terrible roads to a remote health center a mile from the Zambia border. The medical assistant and the midwife who provide health care and deliver babies there asked me to see some patients.

A young woman, Catherine (a pseudonym,) had been

treated for the past five weeks for a cough. This had not resolved despite three courses of antibiotics. I was surprised to learn that she was 29 years old, since she appeared to be in her early teens. Her smile was winsome, and her countenance happy...

I asked her questions and examined her. Her breath sounds indicated a serious lung infection. I listened via the translator to an unbearably sad story told in the Tumbuka language. Catherine's husband died after a long illness, a chronic cough and generalized infection. His body wasted away, and he died two years ago. She has born five children, but only two remain alive. The other three died at about six months of age.

I can't stop thinking about her. The medicine I gave her should help for a while. I referred her for a chest x-ray and sputum exam at the government hospital, a long walk away. Her story resembles that of thousands of young women in Malawi infected by HIV. It is almost certain that Catherine's husband died of AIDS complications after infecting his wife and her children. Seventy percent of all Malawi TB cases are in people whose immune system has been destroyed by HIV.

I can't stop worrying about her. Anti-retroviral drugs that could slow the progression of her illness are neither available nor affordable.

June 1, 2003 : Mary and I write this as we drive from Lilongwe to Blantyre. We just came up upon about two hundred people walking, filling the left lane of the highway. A man in the rear was waving a large leafy branch to identify this as a funeral procession. The coffin they carried looked like a child's. As custom demands, we slowed as we passed them. We have seen many funeral gatherings as we've driven across the country. Usually branches of leaves are scattered on the road a hundred meters or so on either side of where the mourners are. In spite of my thirty-five years of emergency medicine, the everydayness of death in the life of nearly everyone in this country is new to me.

June 10, 2003: [Don and Mary traveled to a village with staff members of Open Arms, an infant care facility for orphaned children under age 2] Our last stop was the nearby health center, where, at the request of a clinic nurse, we picked up Barbra, nine months old. Her thirteen-year-old sister cared for Barbra since their mother's death in September. Though Barbra is seriously underweight and malnourished, she is exquisitely beautiful. Her sister and another girl drove with us to Open Arms. Barbra's sister said nothing and did not cry, though she looked grief-stricken about separating from the baby. [Ultimately Open Arms will work to reunite the sisters, in keeping with their policy of family reintegration. Meantime, the sister will be encouraged to visit the infant].

Continued on back page

GAIA Team visits Malawi to Produce a Training Conference and to visit projects

In June Bill Rankin, GAIA volunteers Jane Olson and Sally Rankin, and GAIA trustees Nancy Murray and Peggy Keon traveled to Lilongwe, Malawi where they attended a four-day GAIA training conference for clergy. The goal of this was to re-examine the theological thinking that has fueled denial and stigma, and contributed to the subordinate status of Malawi women. Using the work of African theologians, Rankin and the Malawi conference leaders challenged participants to rethink their theology in light of the HIV / AIDS epidemic by claiming the spirit of compassion and liberation attested by the Bible and religious traditions.

Parting comments by the 50 participants showed that they had taken the challenge to heart. "I have learned that AIDS is a problem that has come to us as a community. As a church we need to preach more compassionately," said one. Another commented, "We need to do everything possible to support and befriend the infected. Previously the church created a world of bitter isolation because of condemnation." A reflection on Christian scripture at the conference prompted another person to note of people living with AIDS, "Jesus would welcome them, eat with them and help them to see how merciful God is...Jesus would not condemn them the way we do."

The team also spent several days visiting orphan and home care projects, clinics and hospitals. On a visit to a rural hospital about 60 km from Lilongwe they came upon a 35 year-old woman with spontaneous uterine bleeding. Her baby had been delivered dead the day before. The woman was still in the delivery room, her hemoglobin disturbingly low. With no husband in sight, she had four living children and was close to death. The staff asked, "Does anyone have the woman's blood type?" One of the GAIA party did and the blood was donated.

Malawi's Clergy Confronts AIDS

A story about our June Clergy conference is a feature article in the November issue of *AIDSLink*. Available on line at:

<http://www.globalhealth.org/publications/article.php3?id=1065>

GAIA's Donors and Supporters— Our work succeeds because of you!!!

We give special thanks in this quarterly to St. Luke's Church in Darien Connecticut and to our Southern California Resource group who have been especially active in raising funds for our work.

St. Luke's has provided \$16,000 to Churches' Action in Relief and Development (CARD) in Blantyre, Malawi. This supports HIV / AIDS prevention and care programs, including the purchase of bicycle ambulances — one of which is pictured here. The following is a portion from a word of thanks from CARD (slightly edited) that we convey here because we were touched by it:



A bicycle ambulance (Photo: Jones Lavitwa)

"Due to congestion at government and church hospitals, most of the patients diagnosed HIV positive who have contracted AIDS are sent home to be cared for by relatives. In these villages the nearest health centre or hospital is 10-50 kilometers away. Those who are sent home suffer untold pain as the relatives sometimes cannot afford to buy even a pain-killer.... The pain is shared with the caretakers who witness the suffering of their sick helplessly because all the money they had has been exhausted, all the animals and other assets they owned were sold and the funds used in paying for the treatment of their loved ones even though at the back of their minds they were aware that their loved ones will never be cured

Taking the sick to the hospital when they get seriously ill is to many caregivers impossible because of the distances involved. Most of the health centres have no ambulances. If they do, the demand for the ambulance can be too [great,] so that the health centres cannot cope.

The people in Zulu, Simphasi and Mavwere have been faced with this problem all these years until one day the CARD HIV / AIDS Program Coordinator visited chiefs in the villages telling them that an organization was planning to give bicycle ambulances to each village headman or chief to transport the sick to the hospital.

The chiefs were told that the funds to procure the bicycle ambulances and other supplies for their villages were donated

Continued on page back page

GAIA's Donors and Supporters...

Continued from page 3

by St. Luke's Episcopal Church in Darien, Connecticut in the United States of America. 'Did you say St. Luke's Hospital in Zomba [the nearby town]?' one by one the chiefs asked. 'No,' the Coordinator replied, 'I said St. Luke's Episcopal Church in Darien, Connecticut in the USA.' Each was surprised. 'How did they know of our plight? How can they give us bicycle ambulances and the other supplies when they do not know us?'

The Coordinator responded, 'Yes they know you.' 'You are kidding us are you not?' [replied the chiefs with a] seriousness that frightened the Coordinator. 'The HIV/AIDS scourge is a very serious matter which no one should joke about. How can you say the St. Luke's Congregation knows us and our people when they may not even know where Malawi is on the map, let alone knowing our district and villages.' The Coordinator answered, 'They know you as God's people just as they too are God's people.'

'We thought we were alone in our times of most need and suffering,' all of them thought silently, 'but SOMEONE CARES.'"

St. Luke's also hosted a conference for area congregations interested in learning more about our work. Speaking to this was Dr. Tom Coates, Professor of Medicine at UCLA and a leading expert on the epidemic. Dr. Sally Rankin, Associate Professor of Nursing at UCSF, spoke about the special burden AIDS places on the lives of women. Bill Rankin ended the day with a presentation of GAIA's work in Malawi. The St. Luke's team, headed by Bill Anderson, did an extraordinary job recruiting area congregations, providing hospitality, and attending to a myriad of details.

Meanwhile, our Southern California Resource group, under the leadership of Elisabeth Hutteringer and Cynthia Jones, among others, has raised funds for our work through preparing a catalogue of signed books and other items donated by Booker Prize winning poet Ben Okri. And in October, under the leadership of Karen Hayes, the group held an educational program

at the University of Southern California. Dr. George Counts, a leading AIDS researcher, presented information on HIV vaccine development, and Bill Rankin talked about GAIA's work.

We are profoundly grateful to the people of St. Luke's Church, to the Southern California Resource group, and to so many other congregations and individuals partnering with GAIA to help the people of Malawi, and to all of you, our wonderful friends who make this work possible.

Don and Mary Thomas...

Continued from page 2

Because most babies arrive at Open Arms with critical physical deficits and many are HIV positive, fifty-seven percent do not survive. The rest thrive on the love and attention they get from the care-giving women who feed them, hold them, clean them, and play with them. The children who die are loved and cared for until the end.

June 11, 2003: The following report from Amri Byaragaba gives a poignant summary of the heroic work we see volunteers and professionals doing in Malawi. Byaragaba is a medical assistant providing home-based care for the dying:

"We go by foot or bicycle to see how our patients are. With stigma it is a problem to go by car. People would know it was the AIDS car. With most patients you can see the children are not going to school, the children are not getting enough food. The mother is sick, the children are sick, and who is helping them? There is nobody."

"It's the same problem everywhere: poverty. We are trying our best, but this disease is discouraging. It can be too much to witness suffering every day. But then we see that the patients need our help, and we are happy to help them, and they are happy because we talk to them; we joke with them, and we comfort them. The patient feels, 'I am still a human being,' when I touch them."