Human Values Are The Key
A Visit To Amity's Model Unit At The Nanjing Orphanage

At one-and-a-half years old, Weijiu was said to be mentally retarded. Unable to sit up, she spent her days in bed, appearing dull and passive. Her face was pale and expressionless, with no response to her surroundings, not even a cry. She was little different from the many other children in the Nanjing orphanage.

When I saw her again six months later, she had changed so completely she was like another little girl. With a smile of anticipation, she walked into the group activity room, sat down at the table with eight of her peers, and played with a musical instrument and an activity board. After she had patiently waited her turn, she pulled the lever, turned the dial and squeezed the rubber ball stuck on the board. The movements of her fingers were clumsy, so she needed support from her teacher to handle all the different toys attached to the board. But she visibly enjoyed the rattling, ringing and squeaking she caused with her own hands.

A few moments later, the children gathered on a large mat in the other corner of the room. Aided by their teachers, amid cheers of encouragement, all nine boys and girls hopped rhythmically on a trampoline, went up and down a slide, and crawled through a long tunnel.

This looked like any ordinary activity class, something seen in any well-run rehabilitation center anywhere in the world, and under normal circumstances it would not be worth writing about. But in the Nanjing orphanage, these activities mark a great change not only for the individual children involved but for the entire institution.

I have visited the place several times before, and each time I felt sad and depressed. I felt sorry for the children who were merely kept physically alive - a dull existence with almost no activity or stimulation. It was depressing to realize the lack of professional and humanitarian commitment on the side of the staff and the leadership. Children would stare vacantly at visitors; there were dreadful but correctable deformities such as cleft palates. The poor standards of medical care and hygienic conditions were apparent to anyone. Donated toys were locked away, as no one had a notion of how to introduce them to children already suffering from severe institutionalism. The only visible "achievement" was a newly purchased large-screen TV in front of which the nurses, surrounded by a large number of dull-eyed children, would spend a considerable part of their working hours.

Since the fall of 1992, things have drastically changed for 24 children and eight child care workers who have been made the responsibility of Minny Tang, a young American trained occupational therapist from Hong Kong. Employed by the Yang Memorial Methodist Social Service, she has been sponsored to work in the Nanjing orphanage through the mediation of the Amity Foundation. For at least a year, Tang has interrupted a promising academic career in California and renounced the comforts of a Western life-style to serve these most underprivileged toddlers and to demonstrate what can be achieved with Western-style rehabilitation methods under the social and economic constraints of mainland China.

After the end of the group activity class, I had a talk with Minny Tang who explained to me the theoretical background of what I observed. The 24 children under her care had been divided into three groups. One consisted of children suffering mainly from cerebral palsy, another group was for the mentally retarded, while the children I ob-

A heart for children: occupational therapist Minny Tang
served that particular morning were those with the least severe problems. “These nine children are actually not handicapped or retarded,” she said. “I would classify them as developmentally delayed.” Though there could be a variety of reasons for this condition, Tang did not exclude the possibility that they were the result of the lack of stimulation in the orphanage itself.

But Tang knows that the staff is not to be blamed. The young women caring for the babies and children are junior high school graduates with no training beyond their nine years of compulsory schooling. Hence, she puts great emphasis on the in-service training of the eight young women assigned to her. In regular lectures, she teaches them basic childhood development, child care and rehabilitation. Her trainees take turns in preparing the daily group activity sessions by themselves. Each session is prepared in writing. Their papers must clearly define the educational goals, comment on the methods applied and the equipment used, and indicate the time structure of the session. After each class, the trainees meet with Tang for an evaluation.

The morning of my visit, for instance, the children were being trained in the operation of simple equipment, involving five different manual operations. The creation of different sounds on the activity board helped them develop the concept of cause and effect. In taking turns with one toy, the children learnt to follow rules in a group. By sitting at a table, watching their peers and waiting for their turn, they developed basic behavior required later at school, regardless of whether they will join mainstream or special education.

In order to achieve the greatest possible stimulation for each child, Tang also introduced the keeping of individual records. After both group activities and regular individual training sessions, Tang and her trainees carefully assess the children’s individual progress, thereby providing a basis for the planning of further training. Also, each of the trainees has been assigned three children in a rudimentary kind of family system. Through this change, which has already been adopted by the rest of the orphanage, it is hoped to raise the child care workers’ sense of responsibility and to encourage an emotional attachment between staff and children.

Though they have not received a salary raise, Tang’s trainees feel privileged to have this learning opportunity and are eager to pick up new things. The orphanage management, though initially reluctant, has basically become supportive, as they have realized the benefits of the project. Yet, day-to-day problems are many. “The context in which I work is rather restricting,” Tang admitted. “Though the building has central heating, it cannot be used. The entire system is too old to be repaired, and there is no money. Compared to what I have seen in Hong Kong and the States, the financial constraints are great. I don’t complain, since this is exactly what I want to be doing here: to establish a program suited to China’s conditions so that it can be copied elsewhere. Creating a show piece with a lot of foreign money would certainly be more satisfactory for the moment but would have no lasting developmental effect.”

Tang’s biggest headaches are caused by what she calls the “old habits” of the staff and by problems resulting from the old building. New equipment and clothes are often not used but kept until old ones are totally worn out; children are often kept in bed for easy care. Other problems such as mice in the building, insufficient diapers and lack of hot water supply for regular bathing make the staff so frustrated that they do not know what to do except to hope the old building will be pulled down one day.

“One of the most important factors for any future change is people,” Tang commented emphatically. “My most sustainable impact here is probably not through what I teach verbally but through what I am and what I do. This is a great responsibility. Ultimately, I am nothing but God’s tool in witnessing His love for each of His children. I try to live out an example of Christian love; I try to instill in my colleagues and trainees some humanitarian values. Without God’s participation, our work won’t be very meaningful.”

As I left, my mind remained at the orphanage. In contrast to the other parts of the building, the few rooms under Tang’s control looked nicely refurbished and decorated, equipped with an abundance of toys, useful rehabilitation equipment, and clean and practical furniture. Though most of it was purchased in China, the Yang Memorial Methodist Social Service in Hong Kong paid the bill. But Nanjing is no longer a poor place, and even the orphanage itself is nowadays making money. I tried to calculate how many children from this orphanage have been adopted by foreigners over the last few years. It must be more than fifty. Each time, the institution received a considerable adoption fee, certainly not less than one or two thousand US dollars. But there is no trace of that money in the children’s quarters.

I agree wholeheartedly with Minny Tang: Human values are the key. Amidst the overwhelming reform drive, the development of China’s spiritual civilization must not be neglected. Social progress requires spiritual change as well. If only the Amity Foundation can get this message across!

Gotthard Oblau

Structured learning with an activity board
Matchmaking For Professional Input
How Amity Cooperates
With The Yang Memorial Methodist Social Service

In its support of China's social development, the Amity Foundation depends not only on funds but also on expertise. Since Amity staff members are not trained experts in the fields they find themselves working in, their main contribution comes often in the role of matchmaker.

One professional institution for which many successful matches have already been arranged is the Hong Kong based Yang Memorial Methodist Social Service. It was founded in the 1950s by the United Methodist Committee On Relief as a response to the immense social needs caused by the influx of refugees into the territory during that decade. The institution has since provided rehabilitative services for the mentally retarded, preventive and educational counselling services for school children, courses in family health education, and other services for the young and the old alike. Though its present staff of 130 means its scope is relatively small, the Yang Center has made a name for itself through outstanding professional and innovative contributions to the development of rehabilitation.

Cooperation with the Amity Foundation started in 1987, when Amity's General Secretary Dr. Wenzao Han attended the celebration of the 20th anniversary of the Yang Center's work in its present building complex. Based upon mutual respect and a shared concern for rehabilitation training in China, the Yang Center and Amity established a cooperative program in Jiangsu Province. Staff members from the Yang Center provided ad-hoc courses of in-service training to special education teachers, child-care workers and medical staff from concerned institutions, including the Nanjing Children's Mental Health Research Center, the Nanjing Children's Welfare Institute (of which the Nanjing orphanage is a part), and Qingpu Hospital in Huai'yan.

When East China was hit by disastrous floods in 1991, the Yang Center's staff members spontaneously collected HK$160,000 to support Amity's relief work in North Jiangsu.

In October 1993, two professional staff members from the Rehabilitation Department of the Nanjing Medical College will come to Hong Kong to receive ten months of theoretical and practical training. This program has been jointly arranged by the Yang Center and the Department of Rehabilitation Sciences of the Hong Kong Polytechnic.

Through Amity, the Yang Center has constantly sought to upgrade the quality of rehabilitation services in Nanjing. Unfortunately, however, the results of its short-term, intermittent training programs fell short of expectations. The trainees found it difficult to apply their newly acquired theoretical knowledge in their own clinical situations. To improve the cost-effectiveness of training efforts, the Yang Center and Amity envisioned a model unit within the orphanage in Nanjing. In the summer of 1992, the project got underway as a trilateral cooperation between the Yang Center, Amity, and the Nanjing Children's Welfare Institute.

The Yang Center has recruited occupational therapist Minny Tang, who holds a master's degree in Developmental Disabilities from New York University, as the professional project leader. The local institute has provided the necessary rooms and support staff, and assigned eight staff members and 24 of its 320 orphans to the model unit.

While the Yang Center, besides supplying necessary rehabilitation equipment, has covered Tang's salary, rent and travel expenses, Amity has played a coordinating role and served as Tang's local advocate on a day-to-day basis.

The Yang Center's leadership and staff members have invested a tremendous amount of energy, generosity and professional ingenuity in their China involvement. The center has committed itself to continue its current facilitation of professional training and its support for the model unit at the orphanage for at least three more years, at a total cost of up to HK$1.5 million.

Asked about the motivation behind the Yang Center's China involvement, Director William Tung talked about the extensive aid his institution received from overseas communities in times of great need. "Now that our territory has developed into a prosperous economic center, we feel it is our turn to give assistance to people in need elsewhere. Since our next-door neighbor, with whom we are naturally bound by a strong blood-relationship, has opened up to the outside world, it is only natural for us to share with her the best professional riches we have to offer. We are happy to have found in the Amity Foundation a very helpful and congenial local partner, without whom we would certainly not be able to do what we have been doing for China's social development."

Gotthard Oblau

A child with cerebral palsy receives training (Photo: Kathy Call)
Abandoning Lonely Struggles
Eye-opening Insights For Parents Of The Mentally Handicapped
At Amity Workshop

Language teaching is not all that our foreign teachers contribute to the Amity program. Many bring an extra wealth of skills and work experiences to China that the Amity Foundation is able to tap for social or medical work as well.

Nanjing-based Katie Neal and Merrilyn McNary, for instance, have a profound knowledge and extensive experience in special education. Besides a regular work load of English classes at the Jinling Women’s College, NCCCUSA-sponsored McNary has taught weekly classes at the Nanjing Children’s Mental Health Research Center, one of China’s few institutions for the rehabilitation of mentally handicapped children, which is also a leading center in child psychology. With the assistance of Dr. Pu, who also serves as interpreter, she has modeled and applied teaching ideas with great success, thereby introducing to Chinese teachers effective learning and teaching strategies for young handicapped children.

Katie Neal, recruited to Amity by Cooperative Services International (CSI), the overseas service arm of the Southern Baptist Convention (USA), has supported Amity’s social welfare programs with occasional lecture series on special education as well as providing assessments of rehabilitation projects.

A highlight of her involvement was undoubtedly the training class she taught in 1992 for the parents of mentally and educationally handicapped children. Hosted and organized by the Nanjing Children’s Mental Health Research Center, this class was designed to help parents understand their children’s physical, social and learning behavior. For the over 30 parents attending the four hours of lectures held two nights a week over a period of one-and-a-half months, this was their first opportunity ever to meet among themselves, to share problems and to build supportive relationships.

Asked about the key message she tried to impress on the parents, Neal explained that parents should never compare their handicapped children with their peers. “Comparisons should be made between a child’s own achievements in the past and at present. However slow, progress can always be observed. Parents must be patient and break down each learning process into small, very small steps and set reasonable goals the child can realistically reach within a short period of time. And whenever one further step is mastered, the family must acknowledge and celebrate it. In this way, the child builds up self-confidence and is motivated to learn more steps.”

Another typical mistake, according to Neal, is the tendency of many parents to overprotect their children and do everything for them. Rather, as they grow up, they should be encouraged to learn as many daily activities as possible. What they do need more than others, however, are fixed and reliable rules. Teaching discipline serves as a much better mental protection for these children than fusing too much about each of their movements. In general,” Neal comments, “any advice given in special education applies to all children. Handicapped children just require a great deal more patience. A handicapped child may take a year to do what others achieve in a month.”

Neal illustrated her lectures with ample variety of examples and case studies. The scope and sequence of the curriculum, which was based on a needs assessment filled out by the parents, put special emphasis on the teaching of speaking, counting and reading.

Throughout the course, the parents’ response and active participation was overwhelming, creating a unique learning and teaching experience for everyone involved. Squeezed behind tables that were far too small for them, and perched on children’s chairs, the parents followed Neal’s every word and took copious notes. Since this was their first and most likely only chance ever to consult a special education teacher from abroad, they were desperate to learn. During breaks, Neal was mobbed by people with more questions, more observations.

While in Chinese classrooms the teacher is normally the only one to speak, interaction in this course was totally different. Spontaneous side discussions emerged frequently.

People shared their experiences with methods they had been taught; they encouraged and challenged one another. Whatever Neal said was met with murmured approval, with nods, or, at times, with objections: “But with my child it has been different! When I tried to teach her…” Because objections were based on personal experience, Neal took them seriously and made them into points of discussion. Some were fiercely debated between parents. Organized group discussions provided participants with additional opportunities to exchange their individual experiences and discuss educational strategies they had found successful or failing.

Participating from the host institution was Dr. Lu Ruwen, a child psychologist who formerly received post-graduate training in Germany on an Amity scholarship. As one of the organizers of the course, he also functioned as a resource person to help parents understand the medical background of what the foreign specialist was teaching. “I wish we could have such courses more often,” Lu commented. “There are no support groups in China, and many of these parents have struggled alone until now.”

Throughout the course, Amity’s Wu An’an translated both directions between English and Chinese, putting in extra hours on top of her full office load in the Social Welfare Division. After each two-hour session, she was physically drained. But any suggestion that this might have been too exhausting for her was resolutely dismissed: “For the parents, this has been a life-changing experience,” she said. “I could see how valuable my contribution was. So I just forgot about being tired.”

Gotthard Oblau

Progress can always be observed
Pushing The Idea Of Rehabilitation
An Interview With Social Welfare Director Wu An’an

Q: Over the last years, the Amity Foundation has increasingly promoted rehabilitation. What kinds of projects have you been involved with?

A: Basically, we distinguish between educational and medical rehabilitation projects. The former include a number of special education projects. Several years ago, we founded a small center for the rehabilitation of hearing impaired children. We teach three- to four-year-old children with severely reduced hearing abilities until they reach a stage at which they can enter mainstream schooling. At this center, we have developed new and experimental training methods which may be adopted elsewhere in China.

Another special education project has been established for mentally handicapped children. At the Nanjing Children’s Mental Health Research Center, one of the few institutions in China concerned with child psychology, we run two training classes for mentally handicapped children. Through these classes we want to demonstrate to the greater public that mentally handicapped people are able to learn. It is not enough to just feed and clothe them, to keep them passively alive. Most people in China haven’t realized yet that the mentally handicapped can develop a certain degree of self-reliance and that this is part of their dignity as human beings.

Amity has also done a lot in the field of blindness. China has about 200,000 school-aged blind children, but there are only 5,400 places for the blind in special homes. Therefore, we propagate integrated education. This is already quite common in the West, and we find it very appropriate in China’s socio-economic context. Through the Christoffel Blind Mission (CBM), we have, on several occasions, invited foreign experts to give short-term courses and in-service training to concerned Chinese professionals. For example, we have arranged a number of courses for school teachers who have blind children among their sighted pupils. Together with CBM, Amity is also propagating the idea of Community-Based Rehabilitation.

Q: What is the situation for medical rehabilitation?

A: In medical rehabilitation, China still has a long way to go. At present, our entire country has no more than 200 rehabilitation doctors. Moreover, most of them have been solely trained in sports rehabilitation. Though China has over 50 million disabled people - heart and stroke patients not included - there are no professional therapists. Our hospital system only knows doctors and nurses, and only an extremely small number of them has received any extra training in rehabilitation. If they can afford it, the physically handicapped in China may undergo surgery or be fitted for prosthetic devices, but they have almost no possibility to receive systematic physical or occupational therapy.

Q: Why is the field of therapy so underdeveloped?

A: To be fair, one mustn’t forget that medical rehabilitation is a relatively new phenomenon even in the West. It emerged only after World War II, when the vast number of war victims, combined with relative affluence, led to the scientific development of physical and occupational therapy. In those years, however, China was going in another direction. Throughout the 1950s, we were taking the Soviet Union where these trends were not known as our model for economic and social development. Later, China closed her doors completely.

It was only in the mid-eighties, after the greatest damage from the Cultural Revolution had been mended, that our society opened itself to new social ideas from the West. As a result, in therapy and rehabilitation, China lags forty years behind. Also, China is still a poor country. As long as we must struggle to merely meet the basic needs of our 1.2 billion people, medical rehabilitation will be seen as sheer luxury.

However, the issue has received wide attention through Deng Xiaoping’s son Deng Pufang, who was crippled by the Red Guards and is now head of the Social Welfare Director Wu An’an
China Federation for the Disabled. Our government does try to promote the idea of rehabilitation. For example, there is a new regulation that a hospital must have a department for medical rehabilitation as a condition for being upgraded. As a result, many hospitals claim to have set up such a department, but in most cases these exist only in name. They fix a sign to a door, and call it done.

Q: What is Amity doing to promote the idea of comprehensive rehabilitation?

A: As you know, the Amity Foundation is only eight years old, and no one on the staff is an expert in therapy. We had to learn the hard way, and still we have not found the ideal strategy. Our biggest involvement in this field to date has been our polio project in Huai’yin, North Jiangsu, which started in 1991.

Q: In most countries, Polio has been more or less eradicated. Is it still common in China?

A: Right after the founding of New China, the government introduced general and compulsory polio inoculations for all infants. With this step, polio was almost wiped out in China. During the turmoil of the Cultural Revolution, however, medical prevention was neglected in many areas, especially in the countryside. Polio spread again and as a result, there are today many victims in their teens and twenties with residual physical handicaps.

Q: Why did you select Huai’yin as the polio project site?
A: Though on average Jiangsu is one of China’s richest provinces, the northern area is still very poor. Within this area, Huai’yan City is relatively accessible. Going there by bus from Nanjing takes only half a day. This makes monitoring, which is especially needed as this is an experimental project, much easier. As our target area, we picked Qingpu, a district in the outskirts of the city proper. In a 1989 survey, our project partner, the Qingpu Hospital, found 420 young polio victims in a population of 250,000. This ratio of 1.7 cases per 1,000 people is twice the nationwide average. Projected on the population of the entire Huai’yan Prefecture totaling 10 million, we must reckon with as many as 22,000 cases. In general, there is a link between the occurrence of disabilities and poverty. Twenty percent of the prefecture’s rural population is classified as poor, which means they have an annual per capita income of less than 400 yuan (US$73). Of all poor families, 80% have one or more handicapped members.

Q: How has Amity’s polio project developed?

A: When we started the project in early 1991, we only aimed at subsidizing surgery for young local polio victims. At that time we paid little attention to post-surgical rehabilitation. In 1991, we sponsored medical treatment for 300 patients from poor families, covering between 30 and 100% of the surgery and hospitalization costs, depending on the family income. For each operation, Qingpu Hospital charged a fixed price of 330 yuan (US$60), which included two weeks of hospitalization. This price sounds very low, but it is unaffordable for poor peasants, who normally have no medical insurance. And, most patients need a series of three to four operations.

Q: How are the professional qualifications of the Qingpu Hospital doctors?

A: At the beginning, we frequently brought in specialists from the Provincial Polio Rehabilitation Training Center in Zhenjiang in South Jiangsu. After two years of learning and practicing, the local surgeons can perform normal operations independently. Only in complicated cases do they still need to rely on others.

Q: Rehabilitation is much more than only surgery, isn’t it?

A: Yes, but this we learned only gradually. Only in the course of the project’s first year did we realize that orthopedic surgery is only part of the medical rehabilitation needed by polio victims. We familiarized ourselves with the idea of comprehensive rehabilitation through specialists sent by our overseas partner organizations to join in our efforts to help the disabled in China. This lead to a revision of our polio project, and since then, we have tried to combine orthopedic surgery with post-surgical rehabilitation services.

Q: When I visited Qingpu hospital at the end of 1991, its director told me frankly that his doctors were only trained to do surgery and that he felt no responsibility whatsoever for physical rehabilitation. This should be done by the society at large, or by the government, he said.

A: Yes, I know. In the course of the project we began to realize that the hospital’s main interest in our support was the money making aspect. Due to competition with hospitals in the inner city, Qingpu Hospital was almost bankrupt. Naturally, they welcomed the chance to increase the number of operations they performed. But they have been lukewarm about our desire to experiment with new ways of treatment. Although Amity donated physical training equipment, it was kept locked away.

Q: What kind of professional input has Amity given to push rehabilitation in this project?

A: Our problem, as Amity staff members, is that we are lay people ourselves. Though we now understand the importance of physical rehabilitation, and have learnt that rehabilitative surgery is almost useless without follow-up therapy, we do not have enough expertise to convince others. We therefore relied on the support of foreign specialists who gave lecture series and ad-hoc in-service training courses to medical staff. In the spring of 1991, we arranged a six-week visit of a team from the United States to one of the main hospitals in Huai’yan. The team consisted of a sur-
geon, a physical therapist and an occupational therapist. Later that year, Qingpu Hospital had a ten-day course run by a specialist from the Hong Kong Polytechnic. This was sponsored by the Norwegian Missionary Alliance, the main sponsor of the polio project, we have entered long-term cooperation with Victory Home in Pingdong (Taiwan). Their specialists come on a regular basis to give courses and to monitor the project.

Q: Did all of this help to turn the project into a success?

A: That remains to be seen. In 1992, we reduced the number of subsidized operations to 30, and we made it very clear to our project partners that any future increase would rest on the condition that surgery and therapy are linked in a more satisfactory way. To do regular supervision on our behalf, we have appointed a local representative from the Overseas Friendship Association who is a strong supporter of our concept. So, together with our supporters from Taiwan and Norway, we are still confident that we have initiated a gradual learning process.

Q: How long will your patience last?

A: I don’t know. But within this year, we are going to make a fresh start elsewhere. We have been approached by authorities in Pi County (Xuzhou Prefecture), one of the poorest counties in North Jiangsu. This county has had a violent outbreak of poliomyelitis as late as 1989, affecting almost 600 children below six. Officials and doctors there seem to have a greater openness to our ideas, and we will make it clear from the very beginning that our rehabilitation plan includes medical, educational and occupational components. We have selected one village as our project base where we formerly supported a home for the elderly. In this home, patients will receive post-surgical therapy. We have described this project in our Project Proposals 1993/94 and are still waiting for pledges from abroad.

Q: Has Amity developed other project strategies which may prove more effective in this field?

A: Traditionally, people in China are more inclined to listen to the views of people higher up in the hierarchy. We have therefore stepped up our cooperation with the Jiangsu Provincial People’s Hospital, the highest ranking hospital in our province. They have an overseas-trained rehabilitation specialist. In cooperation with him and an American occupational therapy professor from Seoul University we have already organized a three-month training course for 13 doctors and 13 nurses from county hospitals all over the province. This course started on 30 November 1992, and was funded by the Australian Salvation Army. We may later decide which of the two is ultimately more effective, the grassroots procedure or the top-down approach. But in our course of pushing the idea of medical rehabilitation, we have already contacted and cooperated with so many provincial federations, hospitals and government agencies that I firmly believe our work is going to have real impact one way or another.

(The interview was conducted by Gotthard Oblau in Nanjing.)

---

Amity Works For Children With Cancer

Children in China who suffer from leukemia and other forms of cancer are often left untreated or are prematurely withdrawn from treatment because the family and community lack both the financial resources and the understanding of how these children can and must be treated. Knowing the cure-rate for childhood cancer treatment in developed countries, the Amity Foundation, through the initiation and support of Dr. Ida Martinson of the United States, has established the Amity Childhood Cancer Fund which will provide financial support and education for children and their families in China. The project is a cooperative effort with Ms. Jin Qiao, former director of the Nursing School of Beijing Union Hospital, and with the support of the Ministry of Public Health, the Beijing Union Hospital, and the Zhongshan Medical University in Guangzhou.

The goals of the fund are to provide appropriate care for children with leukemia; to advocate their needs and concerns within the Chinese community; and to promote the sharing of financial and medical resources between China and developed countries. Children from especially needy families will benefit from the fund through subsidies for medical expenses, food and transportation costs.

In addition to the direct subsidy program, Amity will establish a network of health care information which will be in close touch with the families, will provide training for nurses in the field, and will improve the extent of treatment of children with blood cancer.

The initial plan is to provide this care for 30 children at a cost of US$5,000 per child, or a total cost of US$150,000. It is hoped that funds will be raised both in China and abroad to help finance this project.
Christian NGOs Stand Up To Increasing Social Problems

China's current economic reform has exposed many social problems and contradictions. They range from the spread of unemployment to the decline of safety standards at work; from the impoverishment of old people and the oppression of women to a general decline of social values and an increasing crime rate. This was expressed by Prof. Xia Wenshen, Vice-Principal of the Nanjing Public Security College, at a consultation of church-related NGOs, held in Nanjing from February 11-13.

The consultation, jointly sponsored by the Amity Foundation and the National Committees of the YM/YWCAs in China provided a forum for Christian-inspired social service and development organizations, including the Xinde Foundation in Changsha and the Agape Social Service in Changsha as well as a number of provincial and local Christian councils. Of all the organizations represented at the meeting, the Amity Foundation appeared to be by far the largest in scope and financial volume.

In his concluding speech, Amity General Secretary Dr. Wenzao Han proposed to establish a nationwide association for Christian-inspired non-governmental organizations engaged in social service and development work.

Christian Art Center Established

The Amity Foundation has added a new division to its organizational structure: a Christian Art Center for the promotion of Chinese Christian art and handicraft. This division will support income generation projects through the marketing of local Christian products, as well as respond to an increasing demand for Chinese Christian art work from overseas friends. The division is headed by Ms. Fan Pu.

New Board Members

The Amity Foundation Board of Directors has been enlarged by six, mostly young, church leaders. They are Rev. Bac Jiaoyuan, Deputy Secretary General of the Chinese Christian Three-Self Patriotic Committee (TSPM) and Director of the Nanjing Office of the China Christian Council; Rev. Deng Fucun, Vice President and Secretary General of the Zhejiang Christian Council, who also serves as an Amity field representative for Zhejiang Province; Rev. (Ms.) Gao Ying, minister at Chongwenmen Church in Beijing; Rev. Ji Tai, a faculty member of Nanjing Union Theological Seminary (NUTS); Ms. Peng Cui'an, NUTS Vice Principal; and Ms. Wang Juzhen, Vice-chair of the Standing Committee of the TSPM. The first board meeting in its new composition was held on March 1st in Shanghai.

In another move, Board Member Rev. Gao Ying has been appointed Amity field representative for the Beijing Municipality.

The Amity Foundation was created at the initiative of Chinese Christians for the purpose of promoting health, education and welfare in the People's Republic of China. It is an independent Chinese voluntary organization in which people from all walks of life may participate. Amity represents a new form of Chinese Christian involvement in society, through which Chinese Christians are joining hands with friends from around the world to serve the needs of China's modernization.

The Amity Newsletter is distributed free of charge four times a year. If you would like to receive the Newsletter, or desire further information on any of our projects, please feel free to write. Institutions receiving the Newsletter are welcome to reprint any article from it. Credit should be given to the Amity Newsletter, Quarterly Bulletin of the Amity Foundation.

Funding for the work of the Amity Foundation comes from sources, both Chinese and foreign, religious and nonreligious, individual and organizational. Inquiries and suggestions concerning possibilities for new project initiatives are welcomed, as are contributions for the direct support of the Amity Foundation. Checks or bank drafts made payable to the Amity Foundation may be sent to the Nanjing Office.

Headquarters:
The Amity Foundation
17 Da Jian Yin Xiang
Nanjing, China 210029
Phone: (86-25) 649701 or 741265 or 741354
Fax: (86-25) 741053
Cable: 4377 Nanjing
Telex: 342222 AFNJ CN
Account No.: 958 148 247 256
Bank of China, Jinling Branch

Overseas Coordination Office:
The Amity Foundation
4 Jordan Road
Kowloon, Hong Kong
Phone: (852) 723-8011
Fax: (852) 366-2769

The Amity Newsletter is prepared by the staff of the Amity Foundation and printed by the Amity Printing Company, Ltd.
Editor: Gottward Oblau