"Rescue The Dying And Heal The Wounded"
Christian Hospital Serves Villagers In Central Shandong

Before the cocks crow in Fengwangshe village, life starts with Christian hymn singing. Every morning from 4:30 to 5:00, dozens of worshippers gather in a little church in the Zhao family's backyard for prayer and Scripture reading. But even more surprising in this remote, poverty-stricken heartland of Shandong Province may be the fact that most of these pious early-risers are young and well-trained nurses and doctors.

As the first daylight breaks over the horizon, they disperse to help their families in the fields or to attend to their various household duties. By 8:30 they are all back together, this time across the dusty, gravelled street in their "Christian Three-Self Hospital," a modest but clean and functional little compound at the periphery of the settlement. After a brief staff meeting, concluded with prayer, they begin a long day of medical work which ends only at 7:30 when they assemble again in the church for an evening devotion.

Patients arrive mostly by public bus, supported by accompanying family members as they walk the last hundred meters from the bus stop to the hospital. The seriously ill are pushed on wooden wheel barrows; on market days the little square courtyard surrounded by the one- and two-story whitewashed brick buildings is especially full of these traditional, old-fashioned vehicles. Bicycles, on the other hand, are notably few. Lean, weather-beaten faces and worn, simple clothes are telling signs of the hardships and deprivations many of the patients call their daily lives.

People entering the compound pass under an arch topped by a big cross and carrying the eight-character hospital motto: "Rescue the Dying and Heal the Wounded - Glorify God and Benefit People." For anybody old enough to remember the revolution, this rings a bell. Mao once coined the slogan, "Rescue the dying and heal the wounded, accomplish revolutionary humanism!" Combining words from Mao with a Christian motto is an interesting example of contextual witness-bearing.

The hospital's reception room on the second floor offers a vista of the surrounding area. Green fields of sorghum, peanuts and corn, dotted with little apple orchards, stretch out to the north over a slightly undulating plain. On all other sides, the village is surrounded by mountains. A big reservoir, its dam rising high above the fields, collects the water from the streams running down the hills.

"Linqu County is rich in stones but poor in soil," Meng Qingyi, chair of the local People's Consultative Conference, informs me in his welcoming introduction. I learn that 87% of the county is covered by mountains, limiting the arable land to an average of 0.9 mu (600 sqm) per person. The annual per capita income reaches only 400 yuan with many mountain villages lying below the official income poverty line of 800 yuan.

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cial poverty line of 300 yuan. Of the roughly 1,000 villages in the county, over 80 depend on regular government relief grain, while many others need to have drinking water brought in by trucks during the dry season.

With the help of a map, Meng briefs me on Linqu’s geography. Like a huge crescent, the mountains encircle the small plain, which is accessible only from the north. The county town, with government offices, a 300-bed county hospital, some industry and all the business, is situated on the plain at the far northern end of the county, as if turning away from all the misery of the hinterland and seeking access to a better fortune beyond.

The Church Is Where The Poor Live

Not so the Protestant church. Although there is a larger church building in the county town, served by a young female pastor since 1992 (the only ordained minister in the county), the church has its center in Fengwangshe Village. The head of the County Christian Council, Zhao Yabo, has sacrificed part of his own housing plot for a little assembly hall and houses the Christian Council and Three-Self office right above his mother’s quarters. A former accountant and a graduate of the correspondence course of Nanjing Theological Seminary, he combines the roles of “house church” leader and of functionary in the “official church.” As his full-time job, however, he directs and manages the Christian hospital.

The village is located in the center of the county, geographically as well as spiritually. Right at the foot of the mountains, it offers the mountain villagers good access from all directions. “Through our local churches and village meeting points, we were aware of the people’s misery, the prevalence of illness, and the lack of doctors and township clinics,” Zhao explains. “Most of our farmers have no health insurance and are too poor to pay for treatment in city hospitals. We felt that something needed to be done. So, in 1985 we founded this hospital. It is the first of its kind in the entire province, and all of us working here are Christians.”

Zhao recalls how they inspired and mobilized Christian communities all over the county. “Everything was done through local self-help. We have never received funds from outside or taken out any loans. For a start, we collected 17,000 yuan and erected a twelve-room building with our own hands in three months.” Today, the hospital has 30 rooms, 15 beds, and all departments except surgery. As the beginning, its main capital is its human resources - the personal dedication and medical competence of the staff.

All employees, from the director down to the cleaning staff, earn the same salary - a monthly subsistence allowance of 80 yuan, just as much as urban workers would receive from their insurance in the case of unemployment. Yet the hospital has no difficulty recruiting young people. Many elders in the local churches seem to like the idea of giving their sons and daughters a medical education, thereby enabling them not only to serve society in a meaningful way, but also to join a Christian work unit. After an internship of several months in Fengwangshe Village, the young candidates study at a county or prefecture level medical middle school or at university in Jiaxin, the provincial capital. And while the overall return rate for medical students from this county is only one third, none of those dedicated young Christians have ever failed to come back. Though at any village health station they would earn more than they do here, the Three-Self Hospital offers them the security of a Christian community with almost monastic qualities.

While Linqu’s Protestant Christians make up less than 0.7% of the population, the Christian Three-Self Hospital has strengthened their sense of unity, focused their mission and outreach, and earned them a respect in society far outweight their numerical size.

Not To Be Served But To Serve

To serve the people best, the hospital staff is as un-bureaucratic as possible. Patients are accepted day and night, emergency cases, doctors make home visits, no matter what the road conditions are. Charges follow government rates for the lowest possible hospital rank. A tooth, for example, is filled for 1.50 yuan and extracted for only 5.00 (a tooth extraction would cost 80 yuan in Nanjing’s dental clinic). If farmers cannot afford even this, their bills are reduced, postponed or canceled altogether.

Once a childless old woman came to the hospital for a cataract operation. China hospitalized patients have to be nursed by relatives, but she had nobody to look after her. For 25 days, a young doctor from the eye department put in her spare time to sit at her patient’s bedside feeding her and caring for her. Another case, a poor country-woman suffering from chronic emphysema, a mother...
four little children, was exempted from her 19-day bill of 67 yuan (though this was only one tenth of what she would have to pay in other hospitals). But that was not all. With Chinese New Year approaching, two doctors gave her 23 yuan to buy food and presents for her family, while a nurse left her a blouse, shoes and trousers of her own.

"In all we are doing, we want to allow Jesus," the doctors and nurses confess. "Just as he said, 'I have not come to be served but to serve and to give my life for many.'" Of this dedication, the many Bible passages and devotional texts in Chinese calligraphy that cover the walls live ample testimony.

The contrast to the spirit found in hospitals elsewhere is striking. Today, he would find not a few doctors in China who wouldn't even consider serious treatment before they have received a "red envelope" - a customary way to hand over bribes. In other cases, relatives feel obliged to provide imported luxury goods or throw lavish banquets to ensure that an operation is performed conscientiously. In such times, the poverty-stricken villagers in Linqu County have no trouble recognizing the Three-Self Hospital as a heaven-sent gift. Consequently, they have dubbed it "Jesus Hospital." Quite a number of those who were treated here have eventually committed their lives to Christ.

"Our entire work, no matter how good we are, depends on God's grace," director Zhao points out. "So far, we have never had a medical accident; no baby or mother has ever died here. But every day we pray for His protection."

However, when I inspect the gynecological department, I am reminded that Christian values are never unaffected by their social context. The delivery chair appears to be an outdated, shaky wooden construction, while next door I am proudly shown two modern chairs which are used for abortions. Though hotly debated elsewhere, abortion seems to be a non-issue among Christians in China - a fact that would not be attributed to government pressure alone. Especially in this poor, overcrowded region where barely-educated women raise two, three or even four children, abortion seems to be accepted as a regular means of population control.

Commitment Perfected By Competence

Medical ambitions count no less for these doctors than their social commitment. Whereas in its initial stage the hospital relied on a number of experienced doctors retired from city hospitals, it is now striving to systematically upgrade standards through regular in-service training, guest lectures, and the provision of a sound education for the younger generation. The quality of cataract and glaucoma operations performed by the Christian ophthalmologists is said to be as high as in the county hospital, while the dental department seems to be the best in the entire region. Even rich people and government employees from the county town come to Fengwangshe Village to get their teeth fixed.

The hospital has a good reputation also for its application of traditional Chinese medicine. Acupuncture and moxibustion are successfully practiced, and old family recipes and folk-prescriptions are carefully recorded. There are many patients who were parted from all their savings for antibiotics and other Western drugs in their village or township clinics before they finally came to Fengwangshe and were cured with Chinese herbs or traditional ointments at a cost of only one or two yuan.

As hospital head, Zhao Yabo is not only a gifted Christian leader, preacher and manager, but also an astute politician. Though the county authorities give no financial support, their moral backing helps a lot. They have provided the land for a nominal annual lease of 200 yuan, and helped arrange special bargains for a used car and various equipment. Only a year after its founding, the clinic was officially recognized as a hospital, which allows patients with health insurance to be reimbursed for treatment. Zhao himself is on the Standing Committee of the local People's Consultative Conference, a position granting him easy access to all relevant county leaders, while the head of the local Religious Affairs Bureau, a Muslim, is his old classmate.

At the moment, the hospital is in urgent need of a new and safer X-ray machine, of proper facilities to store blood, and of a surgery department. The latter will be established as soon as the first of the ten students sent to university return with their medical degrees.

The hazards of running a clinic without surgical facilities became apparent in an incident which has become famous in the area. A young woman was once brought in with acute and violent abdominal pain. During the examination, she went into a coma. Doctors diagnosed an ectopic pregnancy, accompanied by life-threatening internal bleeding. She needed an immediate transfusion, but there was no blood at hand nor a car available. The 65-year-old gynecologist acted swiftly. Rolling up her sleeves, she shouted at the nurses: "I am blood-type O, take mine, quickly! Then we'll find a way to take her to the city!" But a dentist forestalled her. "You are too old, take mine, I am also type O!" Then a third person rushed in, and one after the other they donated their blood on the spot, thus saving the woman's life. Relatives and bystanders were moved to tears. "Without coercion, these doctors and nurses risked their health for somebody they have no relationship with! They don't even know her!" This staggering response reveals a lot about the Chinese concept of humanity, but also shows what a practical Christian witness can mean in this environment.

Gotthard Obianu
“The Doctor Is Here With You!”
Amity Promotes Health Care Book For The Grassroots

The Amity Foundation has arranged the translation and distribution of a village health care handbook which has been a classic in development circles in many Third-World countries. “Where There Is No Doctor,” which first appeared in Spanish in 1977, was written for farm people far from medical centers in the mountains of Mexico. Its author, American aid worker David Werner, helped form a health care network now run by the villagers themselves. In clear and simple language and with many graphic illustrations, the book teaches basic hygiene and prevention, nutrition and baby care, first aid and how to examine a sick person, treatment of most common diseases through simple and traditional means, as well as the proper use of injections and antibiotics.

While the Spanish version has become popular throughout Latin America, over 20 different translations have been used in many African and Asian countries. Originally meant for common people with little formal education, it also serves as a training and work manual for community health workers. For these readers, an introductory section has been added pointing out six principles of health care work:

1. Health care is not only everyone’s right, but everyone’s responsibility.
2. Informed self-care should be the main goal of any health program or activity.
3. Ordinary people provided with clear, simple information can prevent and treat most common health problems in their own homes - earlier, more cheaply, and often better than doctors can.
4. Medical knowledge should not be the guarded secret of a selected few, but should be freely shared by everyone.
5. People with little formal education can be trusted as much as those with a lot. And they are just as smart.
6. Basic health care should not be delivered, but encouraged.

Sponsored by Amity, a team of doctors at the Jiangsu People’s Hospital in Nanjing worked out an adaptation of the book for mainland China, based on the English version and a Chinese translation used in Taiwan. The new title of the Amity version means in literal translation: “The Doctor Is Here With You.” Published by the Nanjing University Publishing House, the book has been printed at the Amity Press in a first edition of 30,000 copies. Expenses of 230,000 yuan, covering translation, publication, printing and distribution, were covered with funds from the Presbyterian Church of Canada, China Connection, and the Presbyterian Church (USA).

The book has been distributed to all provinces with Amity-run training courses for village doctors, and to all former and current participants in the correspondence course of the Nanjing Theological Seminary. Just as basic psychological knowledge enables church ministers in the West to help their many clients in mental distress, Christian leaders in China need to know about medicine, since they are frequently approached by the poor seeking relief from physical suffering. Courses in basic health care have therefore become a common part of the curriculum in China’s Protestant seminaries.

Meanwhile, Amity’s medical director Li Enlin has received the first responses to the book in her mail.

Dan Chengjin, an evangelist from a village in Xuyi County, Jiangsu Province, wrote: “With this wonderful book, I could help two farmers suffering from anemia and persuaded several people to give up smoking. Every day people come to see me to borrow the book; right now I have a waiting list of ten.”

Zhou Yungan, a 28-year-old woman farmer and leader of a Christian meeting point, responded from Shimian County in Sichuan Province: “We live in a mountain area with a great lack of doctors. Villagers around here follow all kinds of superstitious beliefs. In the eyes of many, illnesses are caused by evil spirits. One woman, for example, who had blue specks under her skin from broken blood vessels, was said to have been bitten by a demon. The book you sent has helped me make well-equipped to educate and enlighten our people.”

Authorities in Fei County, Shandong Province, where Amity is running a number of projects, distributed the book to all of their 1,500 village health workers, and ran one-day seminars in every township to introduce it. The official acknowledgement from the county reported feed-back from some of the health workers: “The title doesn’t lie. Studying the book, you get the feeling that the doctor is right with you, explaining everything to you in person.” ... “The more you read it, the better you like it and you don’t want to put it down.” ... “One health worker who in the past was notorious for his lack of qualifications, was seen by a woman with a high, unspecific fever. After consulting the book, he managed to get the fever down and got her out of danger. When she thanked him for rescuing her, he replied: ‘You should really thank the Amity Foundation in Nanjing; for they have sent us a ‘doctor’ much more knowledgeable and effective!’”

A page from the medical handbook - clear enough for the semi-literate
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Who Pays The Bill?
China On Its Way To Medical Reform

Since the founding of the People’s Republic of China, remarkable achievements have been made in disease prevention and treatment, health care, medical education and research. Formerly rampant infectious diseases, such as cholera, plague and smallpox, have basically been eliminated, while many others, including malaria and snail fever, have been brought under control. The figures in the opposite box profile some of the changes between 1949 and 1990.

Knitting Together A Three-Level Rural Health Network

To develop China’s medical work, the first Five-Year-Plan (1953-58) pushed to establish more medical institutions. The limited number of hospitals largely confined medical services to the urban areas. Hence, a new form of grassroots-oriented medical institution was created for the countryside. Encouraged by local governments, individual practitioners in rural areas united to establish local clinics following the regulations and instructions of government health bureaus. These played a very important role in disease prevention and treatment. When agricultural cooperatives and people’s communes were introduced, a village-oriented medical network was formed on the basis of these united clinics.

In an effort to upgrade the quality of treatment in the early 1960s, more formal medical training was provided for educated youth in rural areas who were selected by the collectives. These paramedics were called “barefoot doctors” and became the backbone of the cooperative medical system. After 1980, those who passed tests equivalent to public health school examinations were issued Village Doctor Certificates and the same “barefoot doctor” has not been used since then.

However, the above-mentioned medical institutions, operating on village and township levels, could only satisfy farmers’ very basic needs. To complement rural medical work, the government granted special funds to establish county hospitals. In this way, a three-level medical and health care system was created, comprising county, township and village levels which relate to each other in well-defined ways.

While the county hospital is the professional and managerial center for the other two levels, the township hospital serves as the link between the upper and the lower level of the network. Its tasks include the providing of preventive and curative care and health services, the directing and training of village health workers, and the administering of local health development. The village clinic, as the grassroots unit in the network, is in charge of preventing and treating common and endemic diseases, and promoting family planning, maternal and child health care, and hygiene education.

Hospitals at the county level and above are basically run by the state. Of the township hospitals, two thirds are controlled by collectives, while the rest are state-run. Major funding sources are hospital income and state subsidies.

Medical Cost Explosion Burdens Insurance System

Chinese socialism has basically developed three different medical care systems: 1) a state system under which 26.48 million people who work in state institutions (2.3% of the total population, including college students) enjoy free medical care; 2) a labor insurance system, providing full coverage for China’s 120 million state enterprise employees; 3) a cooperative system, which is a welfare system dependent on the collective economy and the will of the masses organized in collectives. This third system was introduced as part of agricultural collectivization and became the predominant medical care system in the countryside, while the former two systems are geared towards the urban population.

Free medical care has become an increasingly heavy burden for all institutions involved. Between 1980 and 1989, nationwide medical expenses under all insurance systems combined increased at an average rate of 21.3% per year. This is far higher than the increase in national income and state revenue. Soaring medical expenses have caused financial difficulties at all levels and negatively affected the development of basic public health facilities and services.

The reasons for the rapid increase in medical expenses are manifold. First, population growth coupled with prolonged life-expectancy caused an increase in the number of people entitled to free medical care. Second, prescription medicines became much more expensive. The average price per prescribed medicament in the Beijing Tongren Hospital rose from 1.32 yuan in 1979 to 9.89 yuan in 1989. Third, malnutrition and infectious emergencies have been replaced by chronic and non-infectious diseases, including heart and vascular ailments and tumors as...
the most common diseases. Their treatment tends to be longer and more cost-intensive, especially since advanced medical technology has been put to use in urban hospitals. Charges for a CT check reach 200 yuan, and for an NMR even 1,000 yuan (for comparison: the monthly urban per capita income is 170 yuan). Finally, waste and corruption also play their role in the cost explosion.

Collapse Of The Rural Medical Care System

Under the cooperative medical care system, funds are usually raised by collectives and individuals cooperatively. Farmers get free treatment and only pay a small fee for medicine. But when rural economic reform introduced the household-based responsibility system in the early 1980s, the percentage of villages implementing cooperative medical care declined rapidly, dropping from 68.8% in 1980 to 11.0% in 1983.

When farmers were still organized in people’s communes, their contribution to the medical fund was compulsory. The village committee would just deduct two yuan from the income of each household as an annual medical fee, and also reserve a certain amount from the collective fund for medical care. After the introduction of the household-based responsibility system, there was no longer a collective fund to draw from, and the villagers had to be persuaded to pay their contribution out of their own pockets. In addition, as their economic situation improved, villagers became less willing to rely on this kind of medical care, since they found their village doctors incompetent and increasingly demanded better services not covered under the old system.

New Ways To Go

By 1990, health stations or rural clinics had been established in 87% of China’s villages. Experiments with new rural medical care models are being undertaken in most parts of the country, resulting basically in two different types of models.

One type, called “medical insurance,” serves as a risk fund and aims at covering hospitalization and illnesses which require costly treatment. The fund is generated from individuals, the collective (village committee) and the township government. The ratio of reimbursement is decided by a leading group composed of representatives from the local government, the public health bureau and the insurance company. The higher an individual’s expenses, the higher the ratio of reimbursement. Medical expenses below a fixed amount are not reimbursed.

The other type follows more or less the lines of the traditional cooperative medical care system. Here, the fund comes from both the cooperative and individuals and is used to cover the service of village doctors and, up to a fixed ceiling, medical costs outside the village. Under this type, patients still bear the risk for long and costly treatment. While this system guarantees free basic medical treatment, including free medication and immunization, it cannot prevent the impoverishment of entire families due to severe or prolonged illness.

While the former type is more appropriate for minimizing the risk for better-off farmers, the latter is more suitable in securing a general health standard in poorer areas. In regions with low revenue, many villages have established a cooperative system only for partial medical care. Under this system, funds are generated from the collective, from individuals and through the sale of medicine. Farmers enjoy free medical treatment and immunization but have to pay for medicine.

Under all these different systems, it has become a general trend for village doctors to be on contract. Publicly owned health stations are leased out to individuals or a collective of health workers who are responsible for their own profits and losses, drawing an income from treatment fees and the sale of medicine. Wholesalers are government-controlled, health workers have to make their own investment by purchasing equipment and stocking their pharmacy. For obvious financial reasons, contract village doctors tend to over-medicate their patients, which causes unnecessary side-effects, financial inefficiency, and will ultimately lower general health standards.

Since the inception of China’s reform policy in 1978, public medical investment has been increasing steadily, but still cannot meet WHO requirements which state that developing countries should raise their aggregate medical investments to five percent of all state revenue.

Unreasonably low medical charges are another reason for the shortage of funds. Because of an undue emphasis on the social welfare side of medical care standards for medical charges were lowered several times, though real prices, especially for medical equipment, continued to rise. Today, official charges are far below actual costs so that hospital operating at a great loss. In many rural hospitals, the medical equipment is rudimentary and worn-out.

With economic reform, people have started to realize that in spite of its socialist mandate, medical work cannot ignore economic laws. With this in mind, the following medical reforms are being attempted: 1) introducing medical insurance into the cooperative medical system; 2) setting up a tripartite co-funding system for medical care - that is, funding from the government, the enterprise and
the individual - to revamp the current free medical care policy; 3) readjusting medical charges to gradually close the gap between costs and charges; 4) establishing a "return to one's home" scheme in job assignments for medical college graduates to reduce the shortage of qualified doctors in rural hospitals; 5) separating county level and township level management so as to bring into play the enthusiasm and sense of responsibility of the township government in administering its hospitals; 6) permitting the establishment of both collectively- and privately-run hospitals, and making full use of the resources in society to speed up the development of medical work.

Li Enlin
(Ms. Li is acting director of the Amity Foundation Medical Division. This article is based on her contribution to: "Black Cat - White Cat. An Inside View of Reform and Revolution in China, Ed. by Theresa Carino and Aileen Baviera)

NEWS IN BRIEF

In July, Ms. Tong Su, an English major and 1993 graduate of Nanjing Jinling Women's College, was appointed to the Administrative Division of Amity's Nanjing office.

The Amity Foundation allocated 115,000 yuan to flood relief and rehabilitation projects in Fei County (Shandong Province), where Amity has been involved in number of community development projects. This county was hit by a typhoon and torrential rains in early August. Amity will contribute to the reconstruction of three primary schools and the repair of two pumping stations which were part of an Amity project in 1992. Funds will also be used to support hard-hit families in special need.

From August 1 to 10, (Ms.) Li Enlin of the Amity Foundation and (Mr.) Kan Baoping of the Nanjing Theological Seminary went to visit theological seminars and non-government organizations in India. Coordinated by the Institute for Social Analysis in Madurai, the exposure tour included visits to the United Theological College (UTC) in Bangalore; the Tamil Nadu Theological Seminary (TTS) in Madurai; SUCHI, an independent training center for social and health workers in Vellore; and The Other Media, a newly landed People's Movement Organization in Delhi.

At the invitation of the Social Welfare Guidance Foundation in Indonesia, Amity Foundation representatives (Ms.) Wu An'an from the Social Welfare Division and (Mr.) Zhang Jianlong, a teacher at the Nanjing Theological Seminary, visited Jakarta and Surakarta from August 12 to 25. They inspected church-run rural development and social service projects, including centers for organic farming and conscientization classes for resettlement victims and slum dwellers. In addition, they visited the Community of Churches in Indonesia (CCI) and addressed many congregations on the work of the Amity Foundation as well as the situation of the church in China. According to Zhang, their visit paved the way for a CCC delegation visit to Indonesia which followed in late October.

A 12-member delegation with representatives from Philippine church and non-government organizations involved in rural development work visited China from August 20 to September 4. Touring Jiangsu Province, Beijing and Xiamen, they studied China's progress in agriculture and rural industry and learned about family planning and health care programs in the countryside. The visit was jointly organized by the Amity Foundation and the Philippine-China Development Resource Center.
At the invitation of East Gate Ministry International, a “Friends of the Amity Foundation” delegation with six Chinese officials from the Religious Affairs Bureau and the United Front Work Department visited the United States from September 19 to October 13. The delegates, who were led by Amity General Secretary Dr. Wenzao Han and accompanied by Amity’s Cao Jingxin as interpreter, studied the role of churches in US society. This was the fifth international Amity tour involving government and party officials. Previous delegations visited Europe and Hong Kong.

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Li Einlin, vice director of the Amity Medical and Health Division, participated in an international seminar on research, community prevention and treatment for AIDS. The seminar, which was held from September 20 to October 1 in Uganda, was sponsored by the Christian Medical Commission of the World Council of Churches.

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From September 30 to October 6, Amity Associate General Secretary Ting Yen-Ren attended a one-week training course at “Jo and Friends,” a Christian institute for the ministry among the disabled, in Ontario, California (USA).

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In October, the Amity Printing Company in Nanjing printed the six millionth Bible since its inception in late 1987. Celebrations were attended by representatives from the China Christian Council Bible Publishing Committee, the Jinling Union Theological Seminary, the Jiangsu Provincial Christian Council, the Amity Foundation, and the United Bible Societies Asia-Pacific Region. In July of this year, Mr. Han Shanning was appointed General Manager of the Printing Company, succeeding Peter MacInnis, who served in this position for five years.

*****

From September 30 to October 19, an exhibition of Christian art from China was held in Hong Kong, displaying paintings and calligraphy by 40 different contemporary mainland artists, including Ding Eun, Tang Guo, He Qi, and Wang Weifan. The exhibition, a joint project of the Amity Christian Art Center in Nanjing and the Amity Hong Kong office, was displayed in three different venues and hosted by the Hong Kong Christian Council, Christ Church, and St. John’s Cathedral.

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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.

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