Not Barefoot Any More, And Now Marching Into A New Future
After Sixteen Years, Village Doctor Programme Closes

When Amity’s Li Enlin heard the story of a woman who was facing a difficult delivery and had to travel for three days on horseback before she could have her child in a clinic, this was the birth of Amity’s village doctors programme. Like that unknown woman in Qinghai, there were hundreds of thousands of Chinese without access to medical care. The village doctors programme set out to change that situation. Today, sixteen years and 16,000 village doctors later, the programme that trained paramedics for China’s poorest and most remote areas is closing down. Katrin Fiedler reports from the conference that concluded one of Amity’s most successful projects.

"Before village doctor Yang was trained, we had to walk fifteen or twenty kilometres to see a doctor when the children ran a fever. Now, if the children fall ill, we can see the doctor at any time. When I delivered my oldest child, I gave birth on the naked earth. Today, we cover the floor hygienically." With these words, a villager of Beilian in Haiyuan County, Ningxia province summarized during a visit in 2002 how the Amity-trained health worker had improved the quality of life in her village. For Yang Zhixiu herself, Beilian’s village doctor, one of the most memorable achievements is having saved children who had ingested rat poison.

Probably all of the thousands of paramedics that have been trained in cooperation between Amity and local health authorities since 1988 would have similar stories to tell. Supported by overseas sources, Amity reinvigorated the idea of an upscale barefoot doctor in eleven western provinces from Inner Mongolia to Guangxi. One of the main initiators of the programme was Associate General Secretary Rev. Li Enlin, then head of Amity’s Medical and Health Division and once a barefoot doctor herself.

Trained for up to 18 months in a local government-run health school, the new village doctors are better equipped than their famous predecessors to deal with common illnesses, offer prenatal care, assist with deliveries and engage in preventive health work. Above all, the success of the programme has always rested on the choice of suitable candidates.

"Candidates must be high school graduates, but most importantly they must have the right kind of attitude. They must empathize with their people," explains Rev. Li Enlin. "Only with an indigenous villager do you have the guarantee that the person will return to, and stay in their home village. They
have their roots in the village,” adds Qiu Jie, a health official who used to be the local coordinator for Amity’s village doctors programme.

Agents of change

“As village intellectuals, the village doctors can be significant agents of change in their home places. When they go back, we expect them to initiate a ‘hygiene revolution’ in their villages, to help build simple toilets and teach their neighbours basic hygiene. Hence, from the very beginning the emphasis has been on producing overall educated individuals, not only health specialists,” explains Qiu Jie. The impact these health workers have had on the quality of life in their home villages is, by any standards, tremendous. Improved sanitation and hygiene levels raise general health standards, while timely medical help can even save lives.

Clearly, village doctors contribute in an impressive way to the well-being of their local communities - if they get to practice their new profession. Between five and twenty percent of the graduated health workers end up not working as doctors, a problem that is rooted in the abject poverty of the doctors’ home villages. Some villages are so poor that they cannot assist the new doctors by providing a simple building for the clinic; in other cases economic blows in the family force the medics to migrate to the cities for work. And then there are those locations that are so poor that more often than not, villagers pay in kind or promise to pay after the next harvest, a custom that sometimes leads to the existence of seasonal clinics. In spite of these problems, the successes of the village doctors programme remain impressive. So why is the project being closed down?

Most importantly, a new Chinese law requires all doctors to have undergone at least three years of formal medical training, a stipulation that makes the training of village doctors under the current format impossible. Some observers hope that the increasing number of fully-trained medical school graduates who cannot find work in the cities and towns will eventually go to the villages to work. However, others don’t think that such an influx of qualified graduates to the grassroots is likely: “Somebody used to city life will not be willing to live under the primitive conditions of these villages, and may not even be able to practice medicine in the way he or she studied it. Besides, non-rural residents don’t have land in the villages, which makes survival for them difficult,” health official Qiu is convinced. Given the meagre and irregular income they can make as health workers, all village doctors rely on farming for their subsistence.

While the new regulation may be helpful and practical in the big cities, it neglects the situation in the poorer towns and villages, where cheaper and simpler medical care is needed. Figures reveal that there still is a need for more village doctors. Until today, according to Chinese government surveys there are still 30,000 villages in China’s west that have neither a doctor nor a pharmacy. These are the poorest of the poor in China’s remoter hamlets, where medical care has never existed. Unfortunately, as a de facto prohibition of (new) village doctors the new legislation makes basic medical care inaccessible for hundreds of thousands of peasants. It also highlights the dilemmas created by the great development gap that is currently engulfing China.

How to provide medical care for all?

Another, very simple reason for the closing down of Amity’s village doctors programme is funding. “From the very beginning, the current village doctors programme was envisaged for six to nine years only, so it’s now coming to its natural end. The assumption was that the government would then pick up where foreign aid and Amity had left. After 16,000 village doctors, the problem should have been tackled by the Chinese government,” admits Qiu Jie. And, it could be added, local government bodies have not yet found a way to ensure a sustainable continuation of the programme without foreign aid. Now, the new legal framework again changes the outlook on the situation.

Then what can be done to alleviate the health care situation for the poor in China? “Above all, we need training,” says Qiu. “We need help in establishing a sustainable system, something for which a good strategy is needed. For this, we need management training. This would be more helpful than support for buildings and equipment. I hope our foreign supporters will emphasize management training in all our projects.”

For village doctor Yang Zhixiu and her Amity-trained colleagues, life will go on as usual - they will keep their daily routine of attending to patients and farming. Thanks to the support of Amity and overseas partners, they all have undergone additional training to meet the new government requirements. So what’s on tomorrow? Probably yet another delivery.
AIDS Epidemic Threatens China: Amity’s Response (Part I)

Zhang Liwei

I. Background

When AIDS (Acquired Immune Deficiency Syndrome) was first reported in the West in the early eighties of the twentieth century, we in China uttered a sigh of relief at our physical distance from the incurable, fatal disease. This optimism did not last long. 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 31 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, the cumulative total of the HIV positive population was 1.04 million by the end of 2003. Cases are increasing at such a dramatic rate that the worst estimates put the number of infected people at 10 million by the year of 2010 if the current situation remains uncontrolled.

The years since the first reported case of HIV/AIDS in 1985 can be divided into three phases. The first phase (1985-1988) was characterized by a small number of "imported cases". The majority of infected persons during this time were 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. During this period, the majority of reported HIV infections in China were among drug users in Yunnan. 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 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.

All indications have pointed to the fact that China is undergoing a major epidemic if not a pandemic. The HIV positive population is increasing at a yearly rate of 30 percent. 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 20 and 29 years of age, and 24.1% are between 30 and 39. Males outnumber females three to one.

The leading cause is believed to be blood transmission, which, including infected drug users, 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 100 million migrant workers and standards of sterilization and professionalism that are inferior at some blood donation sites and medical centers.

Arguably as devastating as any other factors are the discrimination and fear that arise from the stigma attached to HIV/AIDS. It has taken years for there to be openness in talking about the issue. 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. Ignorance is part of the crisis, and there has been a lack of funds and a lack of initiative in raising the public’s awareness.
Although China is still a country with a relatively low HIV prevalence, it is clear that the situation is becoming more serious. Although the HIV positive population accounts for less than 1% percent of our population, the numbers rank second in Asia and 14th worldwide. The epidemic is at the brink of spreading from high-risk groups (drug users, illegal blood donors, and prostitutes) to common people. We have now 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 80% of those infected have not been able to get necessary medical treatment.

The possible consequences of not controlling the HIV/AIDS outbreak are overwhelming. Dr. Yu Xuejun, Director of the China Population Information Research Center, listed ten projected effects on the Chinese population, including birth rates, women’s population, the aging population, and ethnic minority people when he elaborated on the impact of the HIV/AIDS epidemic from a demographical perspective.

Fortunately, a breakthrough was made in overcoming the taboo and stigmatization related to HIV/AIDS when Premier Wen Jiabao made an unexpected visit to several AIDS patients in Beijing on December 1, 2003—International AIDS Day. The move was a clear signal to the nation as well as to the world that the new government was determined to fight against this deadly disease. 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, to fight against the disease. (to be continued)

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**Sharing a Special Bond**

_Leanna Heiman_

"Amity Grandmas like Zheng Ming who volunteers at Nanjing’s Orphanage, go above and beyond their call of duty as a professional nurse..." Leanna Heimann discovered during a recent visit to the Nanjing Orphanage. "To some of these children she represents an important part of their family as well.” The recipe for the Amity Grandma Project is simple: to invite retired childcare professionals to "adopt" an abandoned child and put her or him under their special care. The results can often be stunning, as the story of Gou-gou’s transformation under Zheng Ming’s care shows.

Upon entering the playroom for one to two-year olds at the Nanjing Orphanage, I heard a woman’s boisterous voice calling to one smiling boy encouraging him to, "Walk... walk... good!"

A closer look allowed me to see that the boy’s arms were stick-straight at his sides with hands somewhat limp. As he tottered a few steps towards her, he seemed to almost purposely lose his balance so that he fell into Zheng Ming who simultaneously broke his fall with a big bear hug. But the boy didn’t raise his arms to hug her back, as they remained stiff at his sides. Still he laughed and smiled up at Zheng Ming as she embraced him lovingly. She then set him down on the floor, backed away and began calling to him again to stand up on his own.

The impression these two left with me is both indelible and heart-warming. As soon as Zheng Ming was introduced to me she bent over the little boy she’d been calling to so she could show me and explain why his arms wouldn’t move. Yu Qiang is now two years old and was born without joints in his shoulders, elbows and wrists, so that the bones in this area of his body are fused together. No surgery is available for this type of disability, but thanks to early intervention by Zheng Ming and other caretakers at the orphanage, the physical therapy he receives will help him learn to use his legs and feet for many daily activities.
Order Sheet

As usual, we will soon send out copies of 2005 Amity Calendar. In order to save postage, we would like to know the exact number of copies your organization would like to receive. Please fill in the following form and send it back to:

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Zheng Ming affectionately calls Yu Qiang “Gou-gou” meaning “puppy dog”. Gou-gou has made enormous progress since beginning physical therapy. Through therapy, Gou-gou has learnt how to stand up on his own in a very unique way. He must first prop himself up into a tripod-like position, his feet and head serving as the “legs” of the tripod with his arms resting on the ground for added support. From there, Gou-gou can push his head off the ground into an upright position.

Zheng Ming and the other caretakers meet regularly to discuss Gou-gou’s and other children’s development and therapy so that they all can share their ideas for what progress is being made, in addition to where they could make improvements. Gou-gou’s progress is particularly impressive. As we got on the floor to play with him and take some pictures, Gou-gou was quite interested in the digital camera we had with us and reached out with his toes to grasp the string attached to the camera to pull it closer to him. When we showed him a picture of himself, his tiny toes pointed to his image on the camera’s view screen. When Zheng Ming placed a magnetic sketch-pad in front of him, his toes adeptly picked up the pen and he began to draw with his foot, or rather he scratched with the pen, moving his leg and foot quickly back and forth.

**A look into the future**

As Zheng Ming explained, Gou-gou will continue to receive therapy to make his leg and hip joints as flexible as possible while training his toes to be able to steadily grasp objects. For Gou-gou this means that he will ultimately be able to perform many day-to-day activities on his own as he gets older. Zheng Ming and the other nurses are also working with Gou-gou a little at a time to encourage the bones in his shoulder to become more pliable. Eventually, they hope that Gou-gou will have some flexibility in this area so that he’ll be able to raise his arms straight out in front of him to shoulder-high level. Gou-gou is already able to drink from a bottle by himself by grasping it with his feet. He’s also learning to feed himself with a spoon by holding it between his toes.

Gou-gou’s story is not entirely unique at the Nanjing Orphanage, he has an older brother (not blood-related) named Sun Rujiang who was born with the same disability as Gou-gou. Zheng Ming also has a pet name for Sun Rujiang. She endearingly refers to him as, “Dahai Gou,” meaning “ocean dog”. Dahai Gou is 23 years old and we met him in the hallway as he was walking about delivering newspapers to staff at the orphanage. He was a little shy in talking with us, but still showed he has a good sense of humor as Zheng Ming joked with him.

Dahai Gou was older than Gou-gou when he first came to the orphanage. Since early intervention was not as clear of an option for him at that time, Dahai Gou is able to do many things with his lower limbs, but never did gain the same flexibility that Gou-gou has that would enable him to feed himself using his toes. As Zheng Ming explained, Dahai Gou feeds himself by putting his face right up to his food and eating directly with his mouth. Dahai Gou stays busy around the orphanage doing various jobs such as delivering newspapers. He’s gotten quite good in holding a newspaper between his hands, and by swinging his body, can fling a paper as far up as a second story balcony.

**Teamwork is the key to success**

Zheng Ming is still very modest about the progress she’s helped Gou-gou make and shares the credit to his success with other caretakers and Amity Grandmas that work with her. Although Zheng Ming is now retired, she works a half-day, in the mornings, as a volunteer Amity Grandma. During the second half of the day she works in the Rehabilitation and Therapy Center that is attached to the orphanage. Before retirement, Zheng Ming worked as one of the orphanage’s head nurses. Now she is responsible for supervising the physical therapy received by a number of children.

Other Amity Grandmas at the Nanjing Orphanage supervise and offer guidance for different areas of therapy.
One Amity Grandma is involved specifically in speech therapy and it is her job to try to ensure that the children’s linguistic development proceeds as normally as possible. Some of her colleagues work more specifically with developing ways to stimulate the children’s minds and engage their thought processes. Together, these women work in collaboration to ensure that they exercise a well-rounded approach to meeting the children’s various needs, and the smiles on these children’s faces is evidence to the family-like devotion they each bestow.

Leanna Heiman is affiliated with the American organization Volunteers In Asia (VIA) and serves as a part-time volunteer English Resource Person for the Amity Foundation’s Social Welfare Division.

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**A Well-off Versus A Just Society (Part II)**

**Zhang Liwei**

Zhang Liwei presented this speech as an introductory statement for the ENAP/Round Table Meetings in Geneva, Switzerland, on December 8, 2003. For a full version of this paper, please go to the Amity Foundation’s website: www.amityfoundation.org

To sum up, there are growing imbalances in China’s recent development that require urgent remedies in this third phase of reform and opening up.

1) The imbalance between the rich and the poor. The Gini coefficient, one indicator for such a gap, has risen from 0.282 in 1991 to 0.458 in 2000, which is way above the international security line. For example, the 10% richest families account for 45% of the total property of the urban residents while the 10% poorest families only hold 1.4% of the total. This huge gap has undermined people’s confidence and casts serious doubt on the existence of social justice. This has, in some instances, led to unrest in certain rural areas. Some extreme criminal cases, like bombings, are a reflection of such a distorted situation. This has posed a threat to social stability and become a source of potential turmoil in society.

2) The imbalance between the rapidly growing cities and the rural communities which remain in poverty. The income of urban residents is possibly six times that of rural residents (NBS).

3) The imbalance between the industrial coastal regions and the interior and western frontier regions that are still dependent on low-profit farming. Regional disparities between the eastern, western, and central regions have been widening over the past 25 years. From 1979 to 2001, 57.8% of the national GDP was contributed by the eastern region, compared with 27.9% from the central region and 14.3% from the western region. In 1991, per-capita GDP of the eastern region was 1.86 times that of the western region. Then in 2002, the disparity increased to 2.44 times. The per capita GDP of Shanghai, which ranked first, was 12.9 times that of Guizhou Province, which was the lowest.

4) The imbalance between its colossal economic strength and difficult social development, seen especially in the inadequate protection of citizens from public health crises, workplace hazards, substandard food products and unauthorized charges for many services that are constitutionally free. Two areas that distinctively reflect these imbalances are medical services and education. In the 2000 ranking of fair distribution of medical resources by WHO, China was fourth from last among 191 member countries. The expenditures for medical service, which is usually account for 5-7% of GDP in developed countries, is less than 2 per cent in China. 64% of the whole population in China live in rural areas and they have access to only 20% of the public health resources. This can no longer continue to be as it is. Education is yet another example to illustrate China’s growing imbalances. In terms of compulsory education, the eastern region did best in making compulsory education universal and the western region came up last in this aspect.

5) The imbalance between an enormously innovative people and a
bureaucracy that still creates tons of hassle for citizens when delivering its daily public services.

6) The imbalance between economic growth and environmental protection. The environment continues to degrade. Many people are still chasing economic growth rates at the expenses of environmental destruction. Soil erosion, water pollution and desertification have affected China's agricultural production. Natural disasters happen more often due to the further deterioration of the natural environment and loss of natural habitation. The continuing destruction of the environment will exert broad effects on China's socio-economic development in the long run.

I. Priorities for Amity Projects

We no longer have time to dodge these imbalances. With these unattended problems growing more serious, China won't be able to achieve its long-term goals of the third phase of reform, not to say the grand goal to realize the dream of "a well-off society." We should no longer be single-mindedly chasing quantity over quality, whether in ever-increasing material goods, in sales revenues and profits, or in gross domestic product (GDP). Keeping citizens around the nation satisfied and content requires much more delicate work than just reporting the most admirable gross domestic product (GDP) records in the world. It's time for us to start tackling this more difficult part of the reforms. Development should remain China's central task, its definition should not be so narrow as to refer only to the growth of its economy. Development should be a serious quest for human values.

The world leaders have pledged to achieve the ambitious agenda of the Millennium Development Goals. As the largest, most populous developing country in the world, China is an integral part of this larger picture. Without China's efforts in meeting these goals, trying to reach the Millennium Development Goals means to fight windmills.

As an organization committed to the promotion of social development in China, we in Amity will continue our commitment to improving the lives of the Chinese people so as to make our small contribution to China's national efforts in meeting the development goals. Amity will continue to observe the following seven fundamental principles that underlie our development work: People-centered development, participatory development, integrated development, sustainable development, environmental protection, gender equality, tradition and indigenous knowledge.

Amity will give priority to the following prioritized, thematic programs in areas of: poverty reduction, education, health care, environmental protection, gender development and empowerment, socially disadvantaged groups of children, the differently-abled and the elderly, HIV/AIDS, church-run social services, and support for the development of civil society in China.

I would like to end this presentation with a quotation from Isaiah 32:17: "Then justice will rule through all the land and out of justice, peace. Quietness and confidence will reign for ever more."◆

**News**

**Strengthening church ties.** Earlier this year, Presbyter Ji Jianhong, Chairman of the National Three Self Patriotic Movement and Director on the Board of the Amity Foundation, visited Amity to give a number of presentations. The two-day seminar, the first of its kind, focused on recent developments in the church, in particular the church's ongoing efforts at theological reconstruction, and other projects completed in 2003.

**Deaf Education.** A new five-year project (2004-08) to promote the bilingual teaching of deaf children in Jiangsu Province has recently been launched. Amity will implement this project with the Signo Foundation, a Norwegian private non-profit organization working with deaf and deaf blind people with disabilities, and Jiangsu Provincial Special Education Profession Committee (JPSEPC), an academic organization under the Provincial Department of Education.

The right of deaf and hearing-impaired children to education is still widely neglected. Introducing the idea of sign language as the natural mother tongue of the deaf, the project aims at providing deaf children with access to education and to linguistic and cultural development according to their own needs.
Amity and Signo have been invited by the provincial educational authority to participate in a reform of related special education. A bilingual and bicultural program for education in sign-language is to be established in five selected schools for the deaf in Jiangsu Province over the next years. With its five-year time frame, the programme will be able monitor a batch of students throughout their whole educational career within the compulsory school system.

Finally, the joint venture between Amity, Signo, the educational authorities and the schools will also provide a basis for policies and methodologies relating to the United Nation's Millennium Goal of Basic Education for All Children.

**Rehabilitation.** A second training course for health care professionals working with children with cerebral palsy was conducted in March 2004. Supported by the Children's Therapy Unit of Puyallup and the China Partners Network, 40 health care givers and therapists from orphanages all over China gathered in Chengdu for the four-day training course. The training was conducted by a group of US-based professionals from the Good Samaritan Hospital's Children's Therapy Center in Washington, whose teaching left the Chinese participants highly inspired and motivated.

**Microfinance Training.** From May 11 to 17, 2004, a workshop on running micro-finance institutions was conducted in Yuci City, Shanxi province. Organized by Amity's rural development division, the training programme brought together local project partners, Amity, and the Mennonite Economic Development Association. As part of the Integrated Rural Development Poverty Reduction Project that is run in cooperation between Amity and the Mennonite Central Committee, the workshop was aimed at ensuring the sustainability of the microfinance institutions that have been set up as part of the development project.

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**Aka Manba.** The story of an Amity-trained Tibetan monk and doctor.

**The Eyes of a Dream.** Amity's Blindness Prevention work in action.

**Growing up in Hope.** Introducing Amity's Back to School Programme.

**Our Common Future.** Amity and sustainable development in China's countryside.


Videos are around 15 min in length and are available in PAL or NTSC format. Please indicate the format needed. Cost per video: US$10 including international postage. Cheques should be made payable to "The Amity Foundation, Hong Kong, Ltd.". Contact us per e-mail, or send your orders to:

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The Amity Foundation was created at the initiative of Chinese Christian 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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