The Blind Leading The Blind?
Amity's Blindness Prevention And Special Education Work

"Why is it called Blindness Prevention Work? How do you prevent blindness?" These are questions She Hongyu, director of Amity's Blindness Prevention Division, and her colleagues frequently hear from outsiders. Few people are aware that blindness can indeed be prevented or reversed. In fact, 60% of all cases of blindness are preventable, including childhood blindness, blindness through glaucoma and trachoma and, most importantly, cataract blindness. 20% of all cases of blindness are curable, again mostly cases of cataracts. This is the good news.

The bad news is that with seven million blind persons in China, much remains to be done in terms of eradication of blindness and services for the blind. Every year, there are 450,000 new cases of mostly cataract-induced blindness, a trend that is partially linked to the aging of China's population. This means that in China, a new case of blindness occurs almost every minute of every day. Most of these cases stay untreated, as China's medical system is inadequate in dealing with the deluge. As a result, the number of blind persons is currently growing.

To tackle the key problem of cataract blindness, Amity supports training and equipment for doctors and clinics at the county level, as well as subsidizes operations for particularly poor patients. The ultimate aim is to enable all county hospitals to perform quality cataract operations at an affordable price. (See "A Revolution..." and "In Focus: Blindness Prevention..." in this issue.)

In China, a new case of blindness occurs almost every minute of every day.

For those whose visual impairment is not curable, Amity implements a variety of programmes, ranging from education for blind and visually impaired children to projects serving adults in need of survival skills and a livelihood. Amity subsidizes a number of blind students to attend special education schools. Not all blind children have access to special schools for the blind, though; in poor areas schools may be

Editor's Note:
The Amity Foundation will celebrate its 20th anniversary in autumn 2005. In the run-up to the anniversary, each edition of the Amity Newsletter will highlight key areas of Amity's work. In this issue, we focus on Amity's medical and health work (including our blindness prevention programmes) and introduce our relief and rehabilitation work.
too scattered and boarding fees too expensive for most children. Under such circumstances, integrated education that educates blind and visually impaired children side by side with their sighted peers is the ideal solution. However, this requires training for the teachers involved. In cooperation with the Beijing-based NGO, Golden Key, Amity has been implementing an integrated education project in Inner Mongolia for a number of years now.

For blind adults, training is less academic and is geared towards slightly different needs. Apart from life skills that enable the blind to fend for themselves, such as washing, cooking, orientation and mobility skills, participants in rehabilitation programmes are taught income-generating crafts like making handicrafts or doing massage. In cases where blindness occurred only in adulthood, psychological counselling may also be part of the rehabilitation process. A particularly successful programme of this kind is the Luzhou Community-Based Rehabilitation Project in Sichuan Province. Pu Guanyao, one of the beneficiaries of the project, overcame severe depression thanks to his new perspectives, and is now planning to establish a local Blind Association. While the phrase has generally been used in a negative sense, in Luzhou, the blind leading the blind clearly counts as a major success.

Apart from bringing relief to affected individuals, projects like community-based rehabilitation or integrated education are rather new in China and serve as examples that can trigger similar initiatives in other areas.

At the same time, they help to bring China’s work for the blind closer to international efforts. China is part of Vision 2020, a WHO initiative to eliminate avoidable blindness in the world by 2020. With its support for poor patients and capacity-enhancing programmes, Amity contributes to bringing China closer to that goal. Finally, through providing training and financial support, international partners play an important role in Amity’s blindness prevention work, most notably Christoffel Blindenmission (CBM), but also other specialist organizations like ORBIS. ♦

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**In Focus: Blindness Prevention Work In Zhangjiajie**

*Katrin Fiedler*

"I can see you! I now can see! Before, I couldn’t see," an elderly patient enthusiastically greets the group of visitors from Amity, hardly waiting to be introduced. For this man sitting on his bed in a hospital ward in Zhangjiajie City, his outlook on the world has clearly changed.

One of the beauties of blindness prevention work is that there can be quick results. Probably nowhere else in development work can you change the fate of a human being so quickly - in twenty minutes, a blind person can regain sight through a cataract operation, like in the case of the elderly man who benefited from cataract surgery. Other patients echo his wonder at being able to see again. "My son brought me here for the operation," 66-year-old Chen Haiying says, recalling her cataract surgery three weeks ago. Today, she has been able to come alone to the hospital for her check-up.

Since 2003, numerous patients have benefited from Amity’s cooperation with the city hospital in Zhangjiajie, when a blindness prevention programme comprising hospital equipment, medicine, training, and subsidies for poor patients was initiated. Supported by CBM (Christoffel Blindenmission), the project’s main focus is on cataract surgery. Other aspects of blindness prevention work such as surgery for patients suffering from trachoma or glaucoma also form part of the project.

Located in western Hunan Province, Zhangjiajie is known in China for its wild mountain scenery, beautiful forests and spectacular caves, and has become a major internal tourist destination over the past years. However, talks with local partners reveal that outside of the city centre, annual incomes are still hovering around or below the national poverty line. Under such circumstances, cataract surgery at normal hospital prices (around 2,000 RMB, i.e. US$ 250 approx.) remains a dream for many potential patients. Zhang Lin, the ophthalmologist in charge of the programme, reveals that some eye patients have to return home without surgery because they cannot afford it. This means that glaucoma or trachoma patients are prescribed eye drops and then left to go blind.

To make cataract surgery more widely available, Amity initiated a scheme for subsidizing surgery for poor patients. Under this scheme, patients pay 800 RMB (US$100 approx.) for the surgery, including an intra-ocular lens and all hospital fees. As the examples of Chen Haiying and her fellow patients show, the number of poor patients operated on has indeed increased. The quality of surgery is also high.

Nevertheless, a closer look at the project reveals that there is still room
for improvement. Much of the possible amelioration is related to education and awareness of those involved in running the programme at the local level. While cataract surgery seems indeed to have become more accessible for the poor, the total number of cataract operations performed by Zhangjiagie City Hospital has not increased significantly.

"There are altogether three hospitals here that can perform cataract surgery, and some of the wealthier patients are now going for cataract surgery in the other hospitals," Zhang Lin explains. This means that the hospital is still under-utilizing its surgical capacities. Fewer patients than possible are receiving cataract operations, and the low surgery volume also means that economies of scale are not maximised. The more cataract operations a hospital performs on a single day, the cheaper they can be offered, as one of the costly things in eye surgery is preparing the operating theatre. Currently, there are days on which only a single operation is performed, meaning that the financial layout is relatively high. Likewise, some people within the hospital administration believe that the hospital loses money on each subsidized operation. However, with proper management, this should not be the case, as 800 RMB should more than cover the cost of consumables involved in the procedure. Linked to the low volume of surgery, one point for future improvement would be publicity. Handbills and posters in grassroots clinics are cheap and effective ways of making more patients aware of the subsidized surgery scheme.

There are other factors that contribute to the low rate of cataract surgery in the Zhangjiagie area. On the part of patients, the long journey to the county hospital and traditional ideas act as inhibitors to go forward for surgery. In neighbouring Yanghuping Township, one old lady is convinced: "My eyes don't hurt. Blindness that doesn't hurt cannot be treated." Another potential patient was falsely informed by the local clinic that she should wait till she was fully blind before having surgery. Such attitudes highlight the need for education, both of potential patients and of grassroots clinical staff.

In response to this need for education, Amity offered a three-day workshop for medical and administrative personnel involved in Blindness Prevention work in Hunan Province. As one step towards removing obstacles for even more successful blindness prevention work, participants in the workshop resolved to work towards offering cheaper cataract operations. (See "A Revolution..." in this issue.)

84-year-old Zhu Fuxi from Yanghuping Township underwent cataract surgery on her left eye three months ago. Now, she still has a cataract in her right eye but is so happy with her operated eye that "No, I won't go forward for surgery on the second eye. I can see now - that is enough." ♦

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"A Revolution Is Needed In The Provision Of Eyecare"

*Katrin Fiedler*

O ne blind person is a tragedy. Ten blind persons are a disaster. And one thousand blind persons are just statistics - it is a figure that is too big for us to grasp." With these words, Dr. Margreet Hogeweg started her introduction to the Blindness Prevention Workshop conducted in Hunan in November of 2004. The consultant to the Christoffel Blindenmission (CBM) continued with a promise: "In this workshop, we hope to bring statistics back to the 'disaster level', and create an active strategy on how to deal with them." Later, setting the perspective for the workshop, she asked: What should a planning workshop hope to achieve? "The recognition that a revolution is needed in the provision of eyecare."

During the opening ceremony, Lu Hongan, a director of Hunan's Provincial Health Department, voiced some of the current concerns in her speech about Hunan's blindness prevention work. The unequal development of various regions within the province caused access to eye care to be highly unevenly distributed, she said, adding that both training and equipment of personnel at the grassroots were still insufficient. She conceded that the prevalence of blindness had not been fully investigated yet, and that it might vary according to local conditions. But plans to equip more clinics with trained personnel and equipment were in the offing, she said.

There are seven million blind people in China, with 450 000 new cases each year, about half of them due to cataract blindness. With a CSR (Cataract Surgical Rate) of only 450 per million population per year, well below international standards, this means that the number of China's blind continues to increase. In Hunan, many places report "Health Express" visits of mobile clinics that come in for a number of days to do cataract surgery. While such initiatives offer relief for individual patients, they do nothing to foster local capacities and may in fact become harmful competition to local clinics that are trying to establish a sound blindness prevention scheme.

Inadequate facilities are still a concern in some locations. During the Hunan
workshop, one clinic reports performing eye surgery without a microscope. A young trainee due to return in six months after finishing his cataract training explains that without sponsorship for a microscope, he will have no chance to put his new skills into practice.

Another problem is the under-use of existing capacities. Ma Xiaobo used to be a doctor but now is a hospital administrator. During a break, he describes the situation in Shaoyang, his hometown. “In Shaoyang, we do thirty to forty cataract operations per month, often only one per day. Cataract surgery is priced at 2,500 RMB [US$313 approx.], using imported intraocular lenses. In our hospital, we have three doctors who can perform cataract surgery but only one set of equipment. But the real problem is the lack of patients. When we do screening, patients do not come for the surgery because of the cost.”

Wrong notions among doctors and administrators can contribute to the price of cataract surgery, which is considered exorbitant by Chinese standards. One such misconception is the idea that Chinese intraocular lenses are inferior to imported ones, raising the cost of consumables used in the surgery. “China has sent an astronaut into space and it will organize the 2008 Olympics. China certainly can produce intraocular lenses!” Dr. Hogeweg says adamantly. As participants exchange information about the situation in their respective hospitals, it becomes clear that it is possible to offer cataract surgery for as little as 200 RMB [US$25 approx.] if a Chinese lens is used, only a fraction of the current government-set maximum price of 2,500 RMB. Here, a change of attitude is necessary also among hospital administrators, who favour high prices to ensure maximum profits. Often, a raise in surgical turnover could achieve this more easily.

“The cost for cataract surgery should not be more than two to four weeks of basic income.” “If a patient can walk up the stairs to the operation theatre, he or she is fit for surgery!” With catchy rules like these, the CBM consultant tries to steer hospitals away from costly but mostly unnecessary medical tests prior to surgery. Three days on from the Dutch ophthalmologist’s declared promise to equip her students for a revolution in eye care, the hospital administrators and ophthalmologists attending the workshop have indeed received much information and food for thought. Topics covered in the workshop were how to calculate blindness prevalence and CSR for a specific location, ways to improve publicity and the screening of potential patients, the relationship between pricing, turnover and profits, and most importantly, how to develop an overall plan for cataract-related blindness prevention work.

Now it is time for participants to present the plans they have worked on in small groups. All plans are well-prepared and illustrate that participants have taken their lessons to heart. “We are considering a system of different price levels,” the Zhangjiagie team announces. Their colleagues from Huaihua envisage further training and reducing the price of surgery to only 500 RMB. A hospital administrator from Yuanzhou says that she finds the workshop “useful” to improve their blindness prevention work, and her fellow participant, a doctor-turned-administrator, agrees.

For CBM, the implementation of its Hunan programme has been one big learning experience. “The Hunan programme is CBM’s oldest China project, we’ve been working in the province since 1987. Much of this work has focused on training county doctors [in eye surgery] and providing equipment. Only slowly have we come to realize that some of the training did not contain enough practical experience to make students proficient in surgery. Also, in the light of the under-use of those who were trained to do cataract surgery it seems to make little sense to establish more centres for cataract surgery. Rather, the existing centres should do more operations,” Dr. Hogeweg acknowledges, adding: “The Chinese authorities are very keen on the threeter health system, and this is also in line with WHO teaching. According to this rule, all county hospitals should be able to perform cataract surgery. But the situation here requires a different approach. Only the best hospitals should do surgery, while the remaining hospitals should be good at treating illnesses, doing refractions and minor surgery.”

**NEWS**

**Hong Kong Office welcomes new staff.** Tong Su joined Amity’s Hong Kong Office in January 2005 to enhance awareness-building of Amity’s work among Hong Kong churches.

“My career with Amity started in Nanjing in November 1992, when I came for an internship,” Tong Su recounts. After graduating as an English major from Jinling Women’s College in 1993, the Suzhou native worked in Amity’s administration department before joining the Education Division in 1997. In 1999, she finished a master’s degree in Higher Education while still working with Amity. After moving to Hong Kong in 2001, she joined an import-export company before finally being "snatched up" by Amity again. Welcome!
Prevention And Basic Healthcare
Amity’s Medical And Health Work

On the whole, China’s population is surprisingly healthy for a developing country, and the nation’s overall disease profile is already starting to resemble that of a developed country, with cardiovascular and other non-infectious diseases becoming the “main killers”. However, this trend should not obscure the fact that for large segments of the population, basic healthcare is still a concern. The development of China’s medical system has not kept up with the development in other areas, and the gap dividing the country into the “haves” and the “have-nots” is particularly pronounced in the area of healthcare. Amity responds to needs in the area of basic healthcare through a variety of programmes.

One key element to achieving good health is prevention. Many ailments can be avoided with minimal means and effort, if only the corresponding awareness exists. Amity’s Medical and Health Division supports a number of projects aimed at preventive healthcare and awareness. Iodine deficiency prevention is one such area where small efforts can yield tremendous results. Worldwide, iodine deficiency is one main reason for mental disabilities, and Gansu, an inland province, is no exception. It is estimated that iodine deficiency causes about 2% of IQ points in local youngsters, and the number of mentally challenged children is four times the average Chinese level. To combat iodine deficiency, Amity has launched an Iodine Supplementation Programme in Gansu’s Linxia Prefecture.

Amity’s AIDS prevention and caring projects in Yunnan and Henan are another example of the foundation’s preventive work, although their scope now goes well beyond prevention alone. Begun as educational projects, the programmes in Yunnan and Henan now include such diverse elements as AIDS education, training for caring and counselling, support of AIDS-orphaned children, and drug rehabilitation. (See "You Saved Our Lives" in this issue.) Other areas in which Amity initiates prevention and treatment are tuberculosis (TB) and gynaecological diseases.

Diseases and TB being rampant. Over the years, Amity has helped train 17,000 village doctors, a project that was wound up in the spring of 2004. Now, mobile medical teams that provide health services for local residents and training for grassroots medical personnel are ways through which Amity tries to reach remote communities and close the rural-urban healthcare gap.

China’s medical system is in the midst of transition, with socialist remnants such as government-appointed doctors and regulated pricing existing side by side with freewheeling capitalist elements, in particular a strong reliance on market forces to fulfil medical demands. Indeed, for many observers the reliance on market forces is already too strong. Public health experts like the WHO representative to China, Dr. Henk Bekedam, point out that a reliance on market forces alone leads to the neglect of public health areas like sanitation and prevention fields in which the market offers no incentives. Structural changes have to be initiated by the government, but projects in cooperation with independent organizations like Amity can help to open the minds of doctors and hospital administrators and so create a favourable environment for better health work.

Amity’s Medical Division also runs an experimental “Rural Health Cooperative” project in cooperation with the Academy of Social Sciences. This project, still in its early stage, aims at establishing a system for basic health coverage in selected rural areas. Currently, China’s 700 million rural dwellers do not have any kind of health insurance at all.
“You Saved Our Lives”
A Report About Amity’s Recent AIDS Work

Prevention and medical care in Henan
In its AIDS prevention work, Amity addresses both high risk groups and those who can function as multipliers within their communities. One such group are church workers. Over a hundred training courses on HIV/AIDS prevention have been organized for church leaders in Henan and Yunnan provinces since the launch of this programme, 34 training courses between May and October 2004 alone. Church leaders, lay workers and church volunteers attended the courses and passed on what they learned to their communities afterwards.

Many participants shed tears of gratitude during the training courses. They said the training was like timely rain which waters crops that have been suffering in a long drought. “You saved our lives,” said two women believers, grasping the hands of Rev. Li Xiuying, a woman pastor in Zhumadian, Henan. “A girl died of AIDS last week and her relatives dared not touch her because of their ignorance about AIDS. We laid her out and dressed her and arranged her funeral out of the love of God. However, this in turn made our families worried about us because they thought we might have caught AIDS from touching the girl. They were even reluctant to let us return home or touch us. Many church members think like this. We were scared and regretted helping the girl, this whole thing became such a heavy burden on our hearts, and we just waited to die. But…” (they could not help smiling) “we are not afraid now. The training course has informed us about how AIDS is transmitted. We now know how to prevent it.”

As a general rule, Amity conducts surveys before and after the training courses. Results show that before each course, about 20% of the participants knew about AIDS, about 30% feared AIDS greatly and some 40-50% had never heard of AIDS. Post-training surveys revealed that 80% of the participants could clearly identify the main ways of transmission and its prevention. All participants expressed a willingness to share the knowledge they had learned with their communities afterwards.

Through the training organized by Amity, church leaders and lay workers gained a proper understanding of HIV/AIDS, while their Christian love inspired them to share their new knowledge with others in all imaginable ways. The training courses aimed to give people comprehensive knowledge about the disease so as to allow them to lead a healthy lifestyle and to help establish a supportive and protective social system for people living with HIV/AIDS. Through training, participants realized the disastrous consequences of the disease. In China, HIV/AIDS has the potential to develop into a health crisis much more severe than SARS, and the final result could be the devastation of whole communities. Participants of the training course realized that people need to be mobilized now to eliminate the virus before it spreads too widely.

Zhoukou, located on the eastern plain of Henan province, is a large municipality with a huge surrounding agricultural population. Due to its backward economic development, the medical and health care infrastructure in the area is much worse than in other cities. People generally suffer from poor health and are often unable to afford medical treatment. From May to October 2004, the Zhoukou Gospel Hospital provided free medical check-ups for 666 participants who attended the Amity training and also for women from AIDS-stricken villages. Through the check-ups, doctors taught patients how to prevent HIV infection and how to take care of people living with HIV/AIDS.

Amity established five “Medical Chests” in different villages in Henan to offer care to people living with HIV/AIDS. Medical workers in village clinics provide free medical check-ups to villagers and give out free medication to help alleviate the different symptoms of AIDS patients. The five “Medical Chests” are located in: Longchitou Village in Xihua County, Songshu Village in Dancheng County, Duanzhuang Village in Queshan County, Donghu Village in Xincai County, and Sunzhuang Village in Weishi County. The five clinics keep complete records of the check-up results and patients’ medication.

Counselling, care and prevention in Yunnan
The main work of Amity in Lincang in cooperation with the Center for Disease Control is visiting families with HIV-positive or AIDS-patient members. Amity also offers HIV prevention training to long-distance truck drivers, training in care for persons afflicted by the disease, medical check-ups, project management conferences and rehabilitation work with drug addicts. The main aim here is to help local people lead a healthier lifestyle.

Courses on medical treatment, health care and psychological counselling for
HIV-infected people usually feature a number of speakers from various backgrounds. During a recent training programme, the local project manager and medical workers carefully targeted their presentations for the psychological frame-of-mind of HIV patients. During the training course Mr. Wang, a project volunteer, shared his own experiences of drug addiction, which had greatly harmed his family. Mr. Qian, the local church leader, gave a speech on how to develop a healthier view towards life and the world. He encouraged participants to make changes in their lives, regain their courage, and re-enter mainstream society.

On another occasion, Wang Yunsheng, an official from the Yunnan AIDS Prevention Office, was invited to give a lecture on basic HIV/AIDS awareness to long distance truck drivers. A survey revealed that the training increased truck drivers’ awareness of HIV/AIDS prevention from 76.8% to 98%. Similarly, drug users were educated on the harm of drug addiction and the dangers of sharing syringes.

The “Garden of Love” band is composed of musicians infected with HIV who give performances on streets, in schools, hotels, entertainment venues and on farms. Their performances focus on persuading people to abandon drug abuse. The band adopts different styles in different places, singing of the beauty of life and warning people to keep away from drugs. On the evening of June 26th, the band gave a performance in the city centre with the theme “The call from my heart”. Lead singer Wang reached out to people by singing of his own experiences. The group’s performance attracted almost 2,000 people, and they distributed 1,200 handbooks, 400 cards and 100 posters on HIV/AIDS prevention to the audience. The band was also invited by the local Health School to give a performance to over 300 students. The students came away from the performance with a much deeper understanding of the effects of drug abuse.

It is a difficult and complicated task to visit families of people living with HIV/AIDS. This requires a genuine love for HIV-positive persons, devotion to HIV/AIDS prevention work, and a strong sense of responsibility, as well as close personal contact with those visited. Project workers should be able to freely communicate with those they visit, completely understand them and lead them to a better life. These visitors directly determine the effectiveness of this project. Furthermore, many HIV-infected persons who used to be drug addicts prefer that other people not learn about their past. They are isolated from mainstream society, both physically and psychologically. Therefore it is quite difficult to reach out to these persons.

Project workers invited three former drug addicts to take part in family visits. Having a relatively high educational level, these volunteers enjoyed a certain prestige among drug addicts. With their help, project workers learned more about the psychological make-up of the people they were reaching out to. The three volunteers gained the trust of drug addicts and accompanied project workers to visit families. From May to October, they visited a total of 99 families. Slowly, the project workers started gaining the trust of their hosts. In return, the families started to come to seek help and expressed their determination to change their situation.

Amity has identified the Lincang Drug Detoxification Center as a base for pilot self-support projects for drug addicts. These mainly involve manual labour on the farm attached to the Center. In order to help rebuild the confidence of the HIV-infected persons participating in this project, the Center has tried to grow new kinds of potatoes and rice in consultation with the Center’s leaders and local farming experts. After four month’s of experimentation, they harvested 12,000 kilos of produce and earned more than RMB 9,000 from the crop. This success has changed things for the Center’s residents, who can now work on the farm, contribute to its productivity and feel they are doing something worthwhile. All this has had a positive effect on their frame-of-mind. The future of this project is promising.

Since the project began, the Lincang church has been cooperating with the local Center for Disease Control, training other believers in HIV/AIDS prevention and psychological counselling. Believers then spread this knowledge by arranging local training courses every week. The number of people attending such courses has risen from 150 to 300. With the full support of church leaders, church-assisted project workers travel from village to village, visiting HIV-infected persons to show their compassion for those who are suffering from this virus. The visits have demonstrated some success in helping HIV-infected persons change their behaviour and return to mainstream society as renewed persons. 📖

Fang’s Story. “Fang is a 30-year-old farmer who lives in Mangpan Village. When the group visited his home, he came out to welcome us by shaking our hands. During the visit, he told us how he became addicted to drugs and how things had deteriorated since then. After enduring compulsory detoxification, he was sent home and has since stopped taking drugs. A year ago, he adopted two orphans and sent them to school with the money he made from his own labour.”
Feeding The Hungry - And More
Amity's Relief And Rehabilitation Work

When Chinese news agencies report yet another flood or earthquake, one Amity staff is likely to pay particular attention. For Tan Hua, newly in charge of Amity's Relief and Rehabilitation Work, news of a natural disaster may probably mean a trip to the affected areas a few days later.

In a country the size of China, natural disasters are bound to occur every year. From snow storms in the north to typhoons in the south, a variety of natural disasters regularly hits the country. With sad predictability, each year 200 million people will be affected by natural disasters, over three million room units destroyed, and farm crops of 40 million hectares lost. China's direct economic loss produced by natural disasters is 192 billion RMB annually [approx. US$24 billion].

Amity's response to natural disasters falls into three phases. At the emergency stage, Amity will provide rice, tents, quilts, clothing, medicine and other supplies urgently needed by disaster victims to help them survive. This is followed by the rehabilitation phase, during which Amity will help those affected to rebuild their houses, schools, irrigation facilities, churches or other public facilities destroyed during the disaster. And finally, risk reduction to prevent the occurrence of similar disasters in the future plays an important role in Amity's relief work. Both in "ordinary" project areas and in disaster-prone areas, Amity designs ways to minimize the loss of life and damage or to prevent disasters.

In 2004, Amity provided emergency assistance for flood victims in Hunan, Yunnan and Sichuan. All three provinces were hit by torrential summer rainfalls; in Sichuan the worst rainstorm in 200 years drenched the southwestern province in rain, leaving 106 dead and destroying the livelihoods of many more. In response to the disaster, Amity delivered rice, quilts, blankets, mosquito nets and other emergency goods to thousands of families. In general, supplies for emergency relief are purchased locally, following price and quality comparisons between three prospective suppliers.

At the same time, help for 2003 disaster victims continued in the form of rehabilitation assistance. In Xuyi County, Jiangsu Province, Amity supported the rebuilding of 134 family homes as well as the building of an improved drainage station which can help to prevent similar disasters in the future. Rehabilitation work also continued in Xinjiang, where a heavy earthquake had rocked the Bachu region in 2003. In Bachu's Ershi village, 348 families had their houses rebuilt with Amity's help. The new houses break with century-old tradition by introducing a structure that should withstand future earthquakes. Eight kilometres of road and a drinking water project completed the rehabilitation process. Thanks to a new channel system and cistern, villagers and their cattle now enjoy cleaner water.

Appeals for relief assistance may sometimes look like extravagant shopping lists. Revealing little of the individuals affected and seemingly focused on the material well-being of disaster victims, emergency assistance is not all about material help. "...Amity provided not only emergency goods, but also a spirit of solidarity and friendship, which can bring back the confidence and power for people to rebuild their homesteads," Tan Hua notes in one of her reports.

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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Hong Kong Office:
The Amity Foundation
13th Floor: Ultralight Commercial Building
5 Jordan Road
Kowloon, Hong Kong
Phone: (852) 2721-3811
Fax: (852) 2366-2769
E-mail: amityhk@pacific.net.hk

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Editor: Katrina Frieder