

"He sent them out to proclaim the kingdom
of God and to heal the sick."

Luke 9:2



AHN NEWSLETTER

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AHN AT ANGLICAN CONSULTATIVE COUNCIL

The beautiful New Zealand harbour city of Auckland provided a warm and welcoming venue for the 15th meeting of the Anglican Consultative Council, the last of such gatherings to be presided over by The Right Reverend Dr Rowan Williams, Archbishop of Canterbury. From the hospitality provided at the airport by the welcoming teams to the official functions auspiced by the Auckland Mayor and Maori leaders, a warm and friendly tone was set for the ensuing deliberations and discussions.

In addition to the official Council activities, a spouses program ensured that accompanying partners could

benefit from their time in a most spectacular city and country. It provided a time for spouses to get to know each other and share experiences and interests across continents and cultures. With activities ranging from a cruise on the harbour to a visit to an historic church, the program allowed the partners to participate in a more relaxed social agenda and to be involved in the official Council activities where appropriate.

A Powhiri (traditional Maori welcome) hosted by the Auckland Mayor at the city stadium provided delegates with a powerful glimpse into the ritual greeting practices of the Polynesian peoples who first settled in Ao Te Roa - the Land of the Long White Cloud (New Zealand). Fierce warriors drawn from the local schools confronted the arriving delegates with a Haka - a war dance, demanding to know if the visitors' intentions were peaceful. The dropping of a frond before the Archbishop of Canterbury and its subsequent acceptance and retrieval by him signalled permission for the group to proceed into the meeting space. What followed was a medley of speeches, school choirs, musical groups and dancers and an introduction to the Maori custom of ending every speech with a song. What a welcome!

The most amazing element of this welcome was a question and answer session where school children quizzed

a panel comprising the Archbishop of Canterbury, the Archbishop of South Africa and the Presiding Bishop of the Episcopal Church on a vast range of issues including those causing most controversy in the church and in society in general. This was followed by a mayoral luncheon.

The Council meeting was hosted by and within the architecturally stunning Auckland Cathedral. For its agenda, the Council focused on critical issues within the Communion. Among its key considerations were the various instruments of communion, including the Network groups that help profile various areas of interest in the Anglican world at large. The Network consultations provided an opportunity for Council delegates to be briefed on the specific activities of each Network and to take back to their respective settings a more robust understanding of how the work of the Networks could support their own ministries.

Following a series of joint consultations in which the Network representatives discussed issues of common concern under the skilled facilitation of Rev Terrie Robinson, each Network set up a table in the cathedral to provide delegates with insights into their particular contribution to mission across the Anglican Communion. This also assisted delegates to choose which Networks they wanted to pursue in more detail in workshop

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sessions over the following days. The Health Network presented a comprehensive overview of its activities and projects, with a focus on three specific mission activities:

- The medical equipment supply project
- The health micro-insurance pilot projects and
- A maternal and child health partnership initiative under development

The presentation also highlighted the planned “Promoting Healthy Communities” initiative to inspire and strengthen Anglican leadership in health development. It was proposed to delegates that this initiative would bring together key church leaders and health representatives to consider more effective models to integrate the church into health services and how these models might be implemented in the diverse communities served by Anglican churches around the world.

The report to the Council on these sessions was presented by the Right Reverend Samuel Azariah, Moderator, Church of Pakistan & Bishop of Raiwind, who also sponsored the Resolution proposed by the AHN Coordinating Board. This resolution, detailed below, was passed unchanged after very brief discussion.

Resolution 15.02: Anglican Health Network

1. affirms the health and healing activities of its constituent Provinces as a fundamental and continuing feature of Anglican participation in God’s mission through which millions of people are offered life-enhancing support and treatment;

2. welcomes the growth and development of the Anglican Health Network over the past three years as a key collaborative initiative to promote and support Anglican health mission; and

3. urges Provinces to encourage representatives of their various health and healing ministries to be involved in the Network’s 2013 programme, ‘Promoting healthy communities: An initiative to inspire and strengthen Anglican leadership in health development’.

Finally, participation in the ACC provided me with an opportunity to ‘network the Networks’ and to appreciate the significant areas of shared interest. Specifically, there were many issues confronting the Health Network that were also challenging the Women’s Network, the Indigenous Network, the Francophone Network and the Colleges and Universities of the Anglican Communion, to mention just a few. Opportunities to

more actively collaborate on shared concerns into the future were identified. Also, the significant convergence of interest between the Networks and the work of the Anglican Alliance became generally more evident to all and strategic engagements between Networks and the Alliance were explored.

In summing up, the words of Reverend Terrie Robinson at the conclusion of the Council meeting seem an appropriate end point for this brief report:

“The Networks are now in a different place in the Communion and are rightly recognised as making a pivotal contribution to Anglican life and witness. I hope that, in turn, this will give you fresh energy for your own ministries.”

Dr. Alan Crouch, AHN Development Officer



Dr Alan Crouch is a population health professional with more than thirty years experience in global health programs. Prior to joining the University of Melbourne Rural Health Academic Centre as a Senior Research Fellow, he worked in a range of roles and disciplines with a diverse group of organisations including the Australian Agency for International Development, the Pan American Health Organization, the United Nations Children’s Fund, The World Bank, the World Health Organisation and the Tropical Population Health Unit of the Government of Queensland, Australia.

In these contexts, Alan has undertaken key roles in the

implementation of more than fifty major health projects and national program assessments including those addressing sexual health and HIV/AIDS prevention, indigenous young peoples’ health, safe blood, safe use of medicines, childhood immunisation and other health system strengthening projects in Africa, Asia, India, Eastern Europe, Latin America, the Caribbean and the Western Pacific.

Alan, who is supporting the Provincial Health Officer’s Meeting following the Faith in Health and Healing Conference in April 2013, brings this wealth of developing, middle income and industrialised country experience to the role of Development Officer of the Anglican Health Network.

ANGLICAN CHURCH OF TANZANIA RECEIVES MEDICAL EQUIPMENT

After a full year of fund raising and coordination, AHN delivered its first dedicated shipment of medical equipment to the Anglican Province of Tanzania. 3 Dioceses received equipment for use in their hospitals. These included a mix of technical equipment and basic supplies. Preparations are now underway to make a second delivery.



PROMOTING HEALTHY COMMUNITIES

AHN PROGRAMME 2013

Since its inception in 2009, AHN has grown into a network of 550 members representing each of the Anglican Communion's 38 provinces. It has a well-established communications platform, with quarterly newsletters, regular blogs, occasional press releases and web updates. It is engaged with a wide range of organisations including the World Health Organization, the World Council of Churches, faith based health organisations, Anglican mission agencies and ecumenical healing organisations. It works closely with the Anglican Communion Office, Lambeth Palace and the Anglican Alliance, and emerged originally from the Anglican UN representation in Geneva.

Having identified key strategic challenges in the health mission of Anglican provinces in low-income countries, AHN established programmes to tackle the financial sustainability of Anglican health facilities. It piloted a Health Microinsurance programme in Dar es Salaam, Tanzania and is currently managing the supply of medical equipment to the Anglican Province of Tanzania. It has identified the design and delivery of maternal health systems as a key priority, and developed a model through which this might be tackled.

Recognising the complexities and challenges of health care and having gained experience of the dynamics involved, AHN proposes to strengthen Anglican leadership in health mission and to stimulate initiative in community based health promotion. During 2013, it will work with partners to offer a range of opportunities to bring leaders together and to inspire and equip them to build stronger community responses to health initiatives.

Conferences

The following events will bring leaders together to learn from one another and to develop fresh thinking about the nature of health mission.

1. Birmingham Conference, April 24/25

This conference is organised by a planning group of health and healing agencies from the UK and is led by AHN coordinator, Paul Holley. The title for the conference is 'Faith in Health and Healing: Integrating the church with health services'. It will bring together a wide range of parish and chaplaincy based leaders to consider the range of ministries offered by the churches. Speakers and participants from other parts of the world will join the conference to share their experiences. Representatives from the NHS will participate and share in deliberations on the roles of churches in health policy and service delivery. It is expected that much of the new innovation will be taking place at parish level in community development programmes related to health. Often these are conducted in partnership with statutory authorities and may well form a source of significant growth for the church's mission and ministry in the future.

2. Provincial health representatives meeting, April 26/27

This meeting is designed to follow immediately from the conference in Birmingham and will take place at the Anglican Communion Office. This dual opportunity for representatives of each province to attend both the conference and the meeting will provide a wealth of shared experience and encouragement. During the meeting, presentations will be offered from Us, the Anglican Alliance and Lambeth Palace. These will share the emerging principles of community based health development currently in operation through Anglican dioceses. The objective is to look afresh at the nature of health mission from the perspective of community focused primary care and public health strategies. Representatives will share their own experience of community based health development and will develop a shared platform for further

provincial initiative according to these principles.

3. Bishop/CEO conference - dates yet to be fixed

Anglican hospitals are amongst the most substantial institutions of the communion. This conference is designed to bring together bishops of those dioceses that own major hospitals and health systems with the CEOs of those institutions in order to address some common issues and to consider the nature of their Anglican identity. The gathering will be well placed to consider how the resources of these institutions contribute to health mission in the communion.

Training

In parallel with this set of meetings, AHN will support 4 provincial and diocesan health coordinators as they follow a programme of distance learning that will ultimately qualify them with a Manchester Metropolitan University Master of Public Health. This is a key training for those who are involved strategically in improving the health of communities and provides a range of epidemiological and management skills. The course is run by a charitable organisation, People's Uni, and is designed for low cost, high quality distance training for health leaders in low-income countries.

Healthy communities advocacy

AHN plans to promote widespread awareness of community based health initiative through the inaugural Anglican Communion Day. AHN will prepare materials to distribute to provinces. The theme of those materials will reflect the agendas of the conferences and meetings, and will inspire widespread interest on the communion day for the capacity of parishes and health facilities to extend their healing ministries within their communities.

FAITH IN HEALTH AND HEALING: INTEGRATING THE CHURCH WITH HEALTH SERVICES

The initiative for this conference emerged from conversations at a day conference in Burrswood Hospital, UK in July 2010. Amidst the various presentations, it seemed that there was a common trend: Christian healing initiatives and primary care medicine were drawing more closely to one another. Paul Holley, Coordinator of the Anglican Health Network convened a meeting between Bishop John Pritchard, president of the Guild of Health, Russ Parker of Acorn Christian Healing Foundation and Gareth Tuckwell of Burrswood Hospital. It was agreed that a conference should be organised to draw in the variety of health and healing activities offered by churches and Christian agencies so that trends could be examined in more depth.

A process of consultation followed, during which the range of partners came together to form the planning group. The Guild of Health offered a grant to support the organisation of the conference by the Anglican Health Network. Parish Nursing Ministries UK agreed to provide some administrative support.

In February 2012 Paul Holley convened a panel of experts to act as a reference group. These were drawn from a range of academics and practitioners to consider the theological, clinical and political issues surrounding the role of churches in health care. This included input from 2 representatives from the Church of Norway who were able to share learning and experience from church hospitals and

congregational health initiatives. This meeting provided thinking that helped flesh out the 3 key themes identified by the planning group:

- Health, dying and human flourishing
- The ministries of the church amongst individuals and communities
- The church in the governance and delivery of health services

The conference venue was chosen to allow for maximum access for those from throughout the United Kingdom and Ireland. Close to Birmingham International Airport, it also offers good access from other parts of the world.

The programme has evolved in response to the growing range of groups and individuals who are now involved with the conference. There will be in excess of 50 speakers, including many members of AHN. It will be a landmark conference, unrivalled in its scope in past decades. Whilst much of the focus will be set against the backdrop of the United Kingdom, the issues are those faced by churches and health systems everywhere. Indeed, a number of international speakers will present experience and learning that will challenge churches in the UK to think in broader terms about their role.

For more information, check out the conference website: <http://www.anglicanhealth.org/ConferenceHome.aspx>

CONFERENCE PROMOTIONAL BOOKLET

This publication draws from two years of deliberation by participants in the planning and designing of the Birmingham conference. It introduces the 3 key themes determined in that process, and explores many of the issues that have emerged in discussion. The booklet does not pretend to have explored all angles or brought together all published insights into these themes. Rather, it pulls together a rich tapestry of experience and learning shared by the participants.

Whilst much of the material is UK-focused, the past two years of deliberation has also benefitted from insights into health mission in other parts of Europe, the United States, various African nations and beyond. With the UK's unique approach to healthcare, tied as it is to state-led secular policy frameworks, it has been important to see the healing ministries of churches through a wider lens. The ubiquity of church owned health programmes and hospitals suggests that new thinking could emerge within the UK, consistent with international models and practice.

Download the booklet from the conference home page:

<http://www.anglicanhealth.org/ConferenceHome.aspx>

The image shows the front cover of a promotional booklet for the 'Faith in Health and Healing' conference. The top half has a blue background with the title 'FAITH IN HEALTH AND HEALING' in large white letters, and the subtitle 'Integrating the church with health services' in smaller white text. Below this is an orange banner with the text 'CONFERENCE 24-25 APRIL 2013 BIRMINGHAM UK'. The middle section has a white background with the text 'In a changing health landscape, there are clear signs that churches are engaging afresh with health promotion and healing. The conference will reflect on this trend and seek practical ways to integrate the church in clinical care, public health and social care.' Below this, it states 'THE CONFERENCE PROGRAMME WILL EXAMINE THREE THEMES:' followed by three bullet points: 'Health, dying and human flourishing', 'The healing ministries of the church amongst individuals and communities', and 'The church in the governance and delivery of health services'. The bottom section has a white background with the text 'A WIDE RANGE OF UK AND INTERNATIONAL SPEAKERS WILL INCLUDE:' followed by two columns of speaker names and titles. At the very bottom is an orange banner with the website 'www.anglicanhealth.org/ConferenceHome.aspx'.

FAITH IN HEALTH AND HEALING
Integrating the church with health services

CONFERENCE 24-25 APRIL 2013 BIRMINGHAM UK

In a changing health landscape, there are clear signs that churches are engaging afresh with health promotion and healing. The conference will reflect on this trend and seek practical ways to integrate the church in clinical care, public health and social care.

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A WIDE RANGE OF UK AND INTERNATIONAL SPEAKERS WILL INCLUDE:

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| PROFESSOR GRACE DAVIE , Emeritus Professor of Sociology, University of Exeter | RT. REV. JAMES NEWCOME , Bishop of Carlisle, lead bishop on health issues for the C of E |
| DR. DAVID FINE , CEO St. Luke's Episcopal Health System, Houston | REV. DR. KJELL NORDSTOKKE , Professor of Theology, Oslo |
| DR. JIM MCMAHUS , Director of Public Health, Hertfordshire | RT. REV. JOHN PRITCHARD , Bishop of Oxford, president of the Guild of Health |
| REV. DAME SARAH MULLALLY , Rector of Sutton team ministry, former Chief Nurse | CANON DR. ANDREW TODD , Director, Cardiff Centre for Chaplaincy Studies |

www.anglicanhealth.org/ConferenceHome.aspx



ANGLICAN HEALTH SERVICES IN PAPUA NEW GUINEA

Anglicare PNG, in its responses to the HIV/AIDS epidemic in the Northern Province, has been rolling out comprehensive HIV/AIDS services. One of the services provided is the Combined Prevention Outreach programme in rural high-risk communities.

On the 30th of April to the 5th of May 2012, two teams consisting of staff from Administration, Prevention, Training, VCT components, volunteers and PLHIV travelled to two of the many high-risk rural villages along the Northern Coastline of Northern Province. The request was made by leaders of Bakubari and Deboin villages because of their assessment of the increase in the multiple sexual relationship and risky sexual behaviour due to the lack of information of 'HIV/AIDS DRIVERS' and the impact of projects like logging and the betel nut trading between Lae and Popondetta.

The teams delivered HIV drivers education, impacts of HIV education and HIV preventive options using drama, teaching, cinema, open air talk and the application of participatory learning methods; questions and answers, one to one, target group and family circle discussions. Sessions involved school students, out of school youths (male & female) and the whole communities consisting of parents, elderly persons, ward councillors, chiefs, local businesspersons and church leaders.

Through the participatory learning process the communities were enabled to identify HIV drivers in their settings such as illiteracy, ignorance, laziness, money and poverty. They identified the flow of cash through the movement of betel nut traders as a driver of HIV. The critical practice identified was that young male persons in the community could not resist the opportunity of cash payments from betel nut traders transiting in their village to engage in sex with local females.

The team offered Mobile VCT as a prevention option for the communities who wanted to know their HIV status as a way forward to behaviour change. Condom awareness and distribution was carried to promote correct and consistent use of condom to enhance safe sex. Young people were urged to practise self-control and respect their sexual reproductive health and finally challenge everyone to not allow hospitality, goods and money manipulate common sense, moral and community values to encourage multiple sexual relationships. The impact of the outreach resulted in many community members coming for VCT. The community provided

their dinghy and other support for the teams to reach neighbouring villages.

Leaders of the Deboin village were challenged to increase HIV prevention response in their community by planning to increase monitoring of persons engaged in illegal and risky practice and to increase awareness to the young people. The combined prevention outreach team were able to find a lost PLHIV client and bring the person back for treatment of opportunistic infections and enrolled to commence ART.

This article appeared in the Anglican Church of Papua New Guinea Family Magazine in June 2012 and was written by Stephen Raurela.

Following many months of preparation, the Archbishop of Canterbury attended the official opening ceremony for St. Margaret's Hospital in Oro Bay. This Level 4 District Rural Hospital is the first Church/Government partnership in Papua New Guinea. Initial operations will be as a satellite of Popondetta General Hospital. The 30 bed hospital will offer all services complete with weekly specialist visitations.



Rebuilding SW Uganda through health and education



BISHOP MASEREKA CHRISTIAN FOUNDATION AWARDED GRANT FOR HIV PROGRAMS

In a vote of confidence for the commitment and competence of staff in Kasese, the Uganda Civil Society Fund has named Bishop Masereka Christian Foundation (BMcF) a grantee in the Uganda National HIV Prevention Strategy program. The \$250,000 award will be shared with partner NGO, Integrated Community Based Initiatives (ICoBI), based in Bushenyi, and will cover three years of capacity building and program development for the region around Kasese.

The National HIV Prevention Strategy seeks to coordinate efforts among community-based health providers to employ proven interventions to:

- Reduce by 40% the projected number of new HIV infections in 2015

- Reduce the rate of mother-to-child transmission from 29% to less than 10% by 2015

As the lead partner for implementing the National HIV Prevention Strategy in the region, BMCF staff will design outreach programs for the community to achieve these goals. BMCF staff have already begun attending workshops to build their capacity in results-based intervention planning and financial management. Respected local health providers like BMCF are a key component of the strategy as they are most able to tailor programs to the needs and resources of their own communities.

Bishop Masereka said, "The CSF grant will give BMCF an opportunity to work closely with the community in Kasese

in tackling yet one of the most difficult health issues in the district. We are all very grateful to the Society for giving us the challenge to serve the community and the country." While the grant supports outreach program development, the funds cannot be used for clinic operations, education or other essential services provided by BMCF.

The challenge going forward for BMCF staff will be to continue providing the current level of care for the people of Kasese while taking on the new responsibilities of a lead partner in the National HIV Prevention Strategy program.

The Bishop Masereka Christian Foundation works to transform healthcare delivery and educational opportunities in the Rwenzori region of Uganda. With local leaders and highly trained staff drawn from the community, the Foundation's medical clinic focuses obstetric and paediatric medical care, and provides urgent care for all.

The BMCF Education Program connects committed sponsors with promising students so that the region's most vulnerable children may complete their education and lead their community into the future. With these pillars of stability in place, hope and progress are real and growing in the Rwenzori region of western Uganda.

MENTAL HEALTH MATTERS

A new web resource to encourage the Church of England's pastoral ministry in the area of mental health, Mental Health Matters, was launched at a fringe meeting during the November 2012 General Synod at Church House, Westminster.

This new resource has been developed by Mental Health Matters National Co-ordinator and member of the Church of England's Committee for Ministry With and Among Deaf and Disabled People (CMDDP), the Revd Eva McIntyre. Eva said: "The Church is well-placed to make a significant difference in the area of mental health. We can be a force to end stigma, and we can also be a place of inclusion, welcome and ministry. Mental Health Matters is working to make mental wellbeing a priority in our churches today."

The site includes: News and events, Pastoral and worship resources, Videos, podcasts, books and downloads, Resources on dementia, Projects and ideas, Finding support, and other useful links.

The Ven Cherry Vann, Archdeacon of Rochdale and Acting Chair of CMDDP, said: "CMDDP warmly commends this new resource. The Church is less than it is called to be when groups of people are excluded and this resource will help churches to be more welcoming and inclusive in their attitudes, worship and support of people with mental health issues."

Signing the Time to Change pledge in February, the Archbishop of Canterbury, the Most Revd Dr Rowan Williams, said: "Mental health issues touch the lives of every family and

every congregation in England, the UK and across the globe. It is time we assigned stigma and discrimination to the history books, and started to talk more openly about the issue as a way of breaking down stigma and misunderstanding, and building more empathy and support for recovery. As a society we must take more responsibility for the negative attitudes that people with a mental illness face on a daily basis."

Mental Health Matters involves collaboration between the Church of England and ecumenical partners working on specialist projects willing to share their work, expertise and experience. For more details, check out the website:

<http://www.mentalhealthmatters-cofe.org>



Dr Simba and a nurse examining a patient

COMMUNITY HEALTH AND WELLNESS, DIOCESE OF LESOTHO

In 1963 the Anglican Diocese of Lesotho established the St James Mission Hospital in Mats'onyane through the help of USPG: Anglicans in World Mission. In its 49 years of existence, the hospital has played a significant role in the community of Mats'onyane and surrounding villages through the six health facilities administered by the hospital. The St James hospital currently serves 70,000 people from some of the poorest communities with only three doctors and a handful of nurses. USPG has always supported the hospital's operations and programmes in a meaningful way throughout the years.

HOPE Africa, a social development programme of the Anglican Church of Southern Africa, and USPG held several meetings with Bishop Adam Taaso and the hospital management around efforts of revitalising the St James Mission Hospital to its former glory. These meetings culminated in ways that both HOPE Africa and USPG could partner with the Diocese of Lesotho in relation to the hospital as well as a revitalisation plan of the hospital back to the community.

USPG's long history of working with the diocese around the hospital is the base of the revitalisation plan and its implementation. The key focus areas will be on leadership development and community health care development and wellness.

USPG, like many other organisations, changed its approach to support and fund the work of its partners through focused programmes. The emphasis of USPG's health programmes is health facility adaptation, which is supported by greater community engagement measured by health facility sustainability and improvements in health outcomes linked to the Millennium Development Goals.

The programme, in its current form, will integrate the processes of the Church and Community Mobilisation and Hands on Health methodologies. The programme seeks to respond to the Diocese and Hospital priorities, challenges and vision for the future based on strengthened connections with the communities they serve through processes of:

- Stimulating community responses to shared health concerns which builds on the strengths and attributes already present within the communities themselves (SALT)
- Community-based, participatory self-assessment of health competence
- Strengthening local church response and mobilise the wider community to respond to health concerns such as HIV and maternal health

These processes collectively revitalise preventative, primary health care and aid the health facilities in enabling them to recast an effective and appropriate balance between curative and preventative services, which effectively support the overall health of the catchment populations the hospital serves. Community responses that will emerge through these processes are rooted in local realities; they are sustainable because local resources are mobilised and are capable of self-assessment by the communities themselves.

The success of these processes relies on the ownership and good leadership by various stakeholders within the community of Mats'onyane and the hospital. HOPE Africa and USPG's supportive roles will enhance the skills required by walking alongside the hospital in these processes. The support will include facilitation and to stimulate ownership of both processes by relevant stakeholders. Both

the Church and Community Mobilisation and Hands on Health processes will help improve the impact that the hospital has in the community. They will also help address the following challenges that confront the hospital:

- Long term sustainability of the hospital - the hospital depends on external support (USPG remains the major donor of the hospital; other donors such as Anglicord only fund a specific area i.e. HIV and AIDS)
- Retaining of professional staff - exodus of staff fuelled by the opening of the new government hospital
- Inability of community members to pay for hospital services - the government of Lesotho introduced free services provisions at clinics

The programme deliberately seeks to work with the hospital and related health facilities in order to foster closer relations between health workers in the different institutions and to nurture learning and a deeper shared understanding of the shape of good Anglican health care in the early 21st century. Some of the objectives of the overall programme include but are not limited to the following:

- Deepening community engagement so that people out there feel that health is their responsibility
- To support the hospital in adapting its ways of working as a result of what it's hearing from the community engagement

NB: In November 2012, USPG changed its name to United Society, and is now known as Us.

By Maropeng Moholoo, Hope Africa



The young mother anxiously waiting while her premature baby is in the incubator

WITH GOD ALL THINGS ARE POSSIBLE: EVEN WEIGHT-LOSS

Losing weight isn't just hard, it's nearly impossible. That's why discussing a friend's weight can prove disastrous, even for an RN, like Edwin Hill. That's especially true when that friend is the rector. "Father Rob, you are helping shape my soul, but..." "But you want to help shape my body." He finished the thought. He wanted to lose, but nothing worked. "I went to this weight loss meeting," he said, "and the instructor asked what changes we had made to help lose weight. I raised my hand and said, 'I stopped buttering my donuts.' No one laughed. I need something for smart alecks."

A biblically-based weight loss program for men was needed, but there wasn't one. So, a nurse, a chef and a priest created Weight For GOD!™. The program is designed around the way men think and (mis)behave; it's filled with competitive spirit, blatant humor, and valuable information, and centered on God's divine will for men to become healthier spiritually and physically. It's centered around weekly meetings, with dinner, for twelve weeks, with monthly follow-up gatherings for the rest of the year... and it works!

Men respond to competition. So the men choose up teams: Baptist, Methodist, Episcopal, and non-denominational. In our pilot program we fielded six teams from 5 local churches. Team support (and accountability) also helped. One guy took food off a team-mate's dinner plate prior to weigh in! We weigh in before every meeting and unlike other programs, our weights broadcast on the big screen scoreboard. The biggest loser is awarded a rubber duckie... and the biggest gainer gets a rubber chicken. And for the guy who keeps going up and down, there's the yo-yo award. We also peppered meetings with gift cards, (not from Dunkin Donuts). Three vestry members pledged \$5.00 per pound to the Rector's Discretionary Fund, and another member matched them. So far he's earned \$795.00!

Education is essential. Basics like "how to read a food label," "counting calories," "calculating sodium, fiber, and carbs," and determining your BMI. Participants learned about health risks of obesity, how to grocery shop, even how to eat out at restaurants, (pray for divine choices when the menu is delivered, not after the food arrives). Resources are free

thanks to our taxes at work. Websites like MyPlate.gov, National Institutes of Health, and Move.VA.gov offer great material. Information is presented in PowerPoint, and the discussions and success stories are always lively... and frequently hilarious. We also brought in guest speakers from local fitness centers to promote exercise, (especially if they were willing to give away free memberships).

Hands-on cooking works. Guys learn by doing, so Executive Chef John Clark teaches how to make healthy meals that taste great right in the kitchen. Johnny recently lost over 60 pounds by taking control of his eating and exercise habits. Each week a different team takes over the kitchen to learn, to serve, and to clean up. A couple of these guys had never cooked before! Johnny also lectures on nutrition and food safety.

In Mathew 19:26, Jesus says, "For God all things are possible" ...even weight loss. Each presentation is tied to Holy Scripture and the readings directly relate the educational material. Did you know that in the Book of Daniel, men of God opted for vegetables and water rather than indulging in the king's rich food and wine? Perhaps the most important part of the entire program is making God the centerpiece and the source of power in this mission of health and wellness. Surrendering to God's will, and giving up our human desires takes serious prayer. Without God, this could never work. Father Rob stepped up to the plate (pun intended) and connected the mechanics of each lesson to biblical truths. And the meditations applied, not only to weight loss, but also to our spiritual well being. We want to be men, we want to be better husbands, fathers and grandfathers, we want to

be disciples. We do this for all these reasons, but most of all, we do it for God. Matthew 19:26 is the cornerstone of this program. And we are all witnesses to that truth. "With man this is impossible, but with God, all things are possible".

We've seen astonishing results. After just 12 weeks, 30 men lost a total of 650 pounds! Fr. Rob is 53 pounds lighter (that's like a fifth grader), Chef Johnny weighs less than he did in high school, and Edwin will wear his dress uniform on Veterans Day for the first time in decades. One guy is completely off his blood pressure and cholesterol medication, another man, a diabetic, reduced his medications by 60% (under his doctors orders). Fr. Rob said, he used to pick stuff up with his toes when he dropped something. Now he bends easily. He can even fit into his sports car. Plus, the local clothing stores are thrilled with all this new business! About half of the men have reached their goal weight, but they still come and support the rest of the guys.

Now it's your turn. We want to share this program with Episcopal Churches everywhere. We'll have everything you need to run a successful program in your parish: PowerPoint presentations, handouts, recipes, a kitchen manual with shopping lists, scripture readings and meditations. Why not start after the New Year. For more information, contact Fr. Rob Goodridge at fr.rob@stgabs.org. After all, what have you got to lose?

This article appeared in Episcopal News Service in September 2012. Written by Robert J Goodridge, Edwin L. Hill, and John Clark from the Episcopal Diocese of Central Florida.



WEIGHT
FOR GOD!™

NO SYRINGE NECESSARY: HIV COUNSELLING AND TESTING SERVICES

News from the Diocese of Egypt
Refuge-Egypt, All Saints' Cathedral,
Cairo

In May, Fawzia, 32, was raped. She heard about Refuge-Egypt's Voluntary Counselling and Testing (VCT) centre when she arrived in Egypt and decided to take an HIV test. She was found to be HIV positive and went home shocked.

When she returned to Refuge-Egypt she was still depressed and started to cry in the waiting room. Two ladies living with HIV engaged her in conversation. When they discovered that she was HIV positive they encouraged her to pursue antiretroviral treatment and invited her to attend the Refuge-Egypt HIV support group with them. Four months later, Fawzia is working and has stable health. She is taking antiretroviral drugs and attends the support group regularly.

In the past half year, Refuge-Egypt helped twenty HIV positive persons like Fawzia to access comprehensive treatment, support groups, and food packages.

Refuge-Egypt operates the only HIV Voluntary Counselling and Testing clinic for refugees in Egypt. So far

in 2012, Refuge-Egypt has provided VCT for 350 persons. Most refugees are not considered high risk for HIV and less than 1% of Egyptians are HIV positive, yet refugees are still considered a vulnerable population to HIV because of a lack of legal and social protection. Refugees face many barriers (racism, financial) in accessing medical treatment from national hospitals. Provision of free HIV testing, counselling, and support services for refugees is vital.

At Refuge-Egypt all refugees access VCT services for free. Each VCT session begins with an education session about HIV: modes of transmission, prevention, and availability of treatment and support. Then using a rapid test kit, the practitioner pricks the client's finger to drip a drop of blood on the test plate. In less than two minutes, a result appears. The test is 95% accurate. It's uncanny that such a simple test can change a person's life forever.

When a client tests positive, further blood tests are needed to confirm their status. Doctors then follow-up with HIV positive cases, encouraging them to take free antiretroviral (ARV) treatment and to join the HIV support group. Over time, the ARV treat-

ment allows people to feel healthy and normal. Meanwhile, the support group gives people strength through their suffering. "The first time people come, they usually breakdown and cry...Group members end up exchanging phone numbers; they get to know each other...and really support each other...I'm glad to give this service."

The support group is very important in a climate of ostracism and misunderstanding. The refugee and Egyptian communities are terribly afraid of HIV. Dr Neni, a highly committed Sudanese doctor, facilitates the support group every week. She leads discussions about issues related to HIV but mostly participants enjoy the opportunity to chat freely and share deeply. Dr Neni reflects on the value of the support groups: "When they come they find people just like themselves who are stigmatized. One group member was working for an Egyptian employer when she found out that she was HIV positive. She decided to disclose her status to the employer and was immediately fired. The woman found safety and support at Refuge-Egypt. She says, "I feel really accepted at Refuge-Egypt. I'm glad I can come here for treatment."

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