FOIA Number: 2007-1550-F

FOIA MARKER

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Folder Title:
Kenya [1]

Stack:	Row:	Section:	Shelf:	Position:
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Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. invitation	Ice Cream Social to meet DC mayoral candidate (political) (2 pages)	07/23/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19408

FOLDER TITLE:
Kenya [1]

2007-1550-F
kc1244

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Since most African families can't afford to send their daughters to nursing school, many talented young women are unable to realize a career that serves and saves so many lives.

You Can Make a Difference!!

A contribution of:

$50 pays for room and board

$100 pays for tuition

$200 pays for tuition, room and board, a uniform and school supplies for one year, and a small stipend to visit their families.

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Fax: (312) 906-9930

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Global Alliance for Africa
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Chicago, IL 60661
USA

Nurses Scholarship Program

Global Alliance for Africa
Worldwide Partners for Health Care in Africa
122. S. DesPlaines St.
Chicago, IL 60661

GLOBAL ALLIANCE FOR AFRICA

Global Alliance for Africa is a not-for-profit organization that develops community-based health care development programs for impoverished people living in remote rural areas and urban slums throughout Africa.

Formed by a diverse group of professionals from around the world, Global Alliance is one of the few organizations based in the U.S. and working in Africa that includes African nationals on its board of trustees. Global Alliance is steadfast in its commitment to involve Africans in the decisions that directly affect their quality of life.

NURSES SCHOLARSHIP PROGRAM

One of the main obstacles to development in Africa is the lack of adequate investment in the abilities of African women.

The Nurses Scholarship Program seeks to overcome this obstacle by providing young women with the educational opportunity to begin a career in the medical profession.

- Global Alliance works closely with school and hospital officials to identify talented and deserving candidates for scholarships.
- On graduation, a Nurses Scholar agrees to practice nursing for two years in an area where nurses are needed most.

WHY A NURSES SCHOLARSHIP PROGRAM?

Today in Africa, there is a severe shortage of nurses. A doctor in Zimbabwe states: "Like most regional health care centers, the hospital here is down 50% of its nurses, and recruiting is hard. It's the biggest problem we have, because nurses do nearly everything here. *Without them there is no health care."* (from a *New York Times* article, Aug. 6, 1998)

"Becoming a nurse is the best way I can help my people."

PROGRAM GOALS

Global Alliance's Nurses Scholarship has three goals:

- **Provide educational opportunities to young women** from rural areas who would otherwise not have the chance to pursue a career in nursing.
- **Improve the delivery of medical services** to people living in remote rural areas and overcrowded slums.
- **Nurture and strengthen the commitment of African women** who act as catalyzing agents for their communities.

"As a nurse, I am able to heal the wounds caused by years of civil war."

TWO PROGRAM PARTNERS

Virika Hospital - Fort Portal, Uganda

Located in the remote Rwenzori Mountains, the School of Nursing at Virika Hospital is one of the best nursing schools in the country. Despite the school's lack of facilities and resources, young women flock to enroll there but are often turned away because they cannot afford the tuition.

JFK Medical Center - Monrovia, Liberia

Emerging from a seven-year war that destroyed the nation's medical infrastructure - reducing the total medical personnel from over 5,000 to 1,800 - Global Alliance works in partnership with the National Health Workers of Liberia to provide scholarships for those women who want to enter the nursing school at Tubman Institute of Medical Arts.

Subj:
Date: 98-11-30 16:53:02 EST
From: amcgrath@DIOSHPT.ORG (Fr. Andre McGrath)
To: nyumbani@users.africaonline.co.ke ('nyumbani@users.africaonline.co.ke')
CC: SJ Angelo D'Agostino MD@011-254-2-718711 (SJ Angelo D'Agostino MD (Business Fax)), DagFam@aol.com ('DagFam@aol.com')

I just picked up this article ON LINE from the Associated Press. Good to hear about you! All is going well here, Brothers Francis and Jogues are getting acclimated, and are quite involved. It is good to have a little piece of Kenya/East Africa here in Shreveport! My best to Dan Kenny and all our friends among the Jesuits and others! Hope our paths will cross again before too long. Happy Thanksgiving and Christmas holidays coming up!

Love and prayers, Andre

November 30, 1998

Number of AIDS Orphans Up In Africa

Filed at 2:44 p.m. EST

By The Associated Press

NAIROBI, Kenya (AP) – Juliette Nyaguthie dashes into a comfortably cluttered dirt-floor shack from a game of peekaboo with her cousins and nestles in her grandmother's ample lap.

Their beaming smiles reflect a hard-fought success in Kenya: a 2 1/2-year-old whose mother gave her AIDS before dying of the disease herself has been taken in by a relative.

Juliette is part of the world's fastest growing and most unwanted population of orphans -- children who have lost their parents to an AIDS epidemic ravaging sub-Saharan Africa.

Nearly 8 million African children have been orphaned by the immune-stripping disease, and at least 1 million children are infected, according to the U.N. AIDS program. The figures are estimates and U.N. researchers say they may be off by 20 percent to 25 percent in either direction.

The African victims are among tens of millions of others touched by the disease around the globe who will be remembered Tuesday during World AIDS day.

Traditionally, extended families in Africa have taken in orphaned children. But AIDS has changed tradition.

With many more orphans – and fewer working-age adults to support them – surviving relatives are overwhelmed.

It is difficult to persuade people to take in a child they view as doomed. ``People think, why should I invest in someone who is going to die anyhow," said Maureen Ong'ombe, spokeswoman for the Kenya AIDS Consortium.

Nearly 1,000 AIDS orphans are living and dying miserably on Nairobi's filthy streets, aid workers estimate.

From Joe D'Agostino

INT - Countries - Kenya - SLR trip

``They fend for themselves, and it's survival of the fittest," Ong'ombe said.

George Tembo, director of the U.N. AIDS program in Kenya, said initially unwanted children were rounded up and placed in orphanages. But orphanages lacked both money and emotional support needed to care for them.

Each week, Good Samaritans bring up to four AIDS-infected children to Nyumbani Hospice, a homey residence in suburban Nairobi. But the 53 beds already are taken.

To cope with the overflow, Dr. Angelo D'Agostino, Nyumbani's founder and medical director, this year launched a foster-care program called Lea Toto, which means ``raise a child" in Swahili. So far, 37 families have been persuaded to take in an AIDS-infected orphan.

The foster program offers huge advantages, including a family atmosphere, more love, and, if the child is a relative, a sense of history, said Caroline Matsalia, coordinator of Nyumbani's community-based program.

Initially, Juliette's extended family balked at taking her in.

``Juliette was getting sick a lot and we didn't think we'd be able to take care of her," said her aunt, Njoki Jacinta, 20.

But workshops at Nyumbani helped relatives learn about Juliette's care, and with counseling they overcame prejudice against the disease, which many Kenyans blame on sexual promiscuity.

``At first, it was really difficult with the neighbors and even with some members of the family. They didn't want to be around Juliette," Jacinta said. ``Now they accept Juliette as just another kid."

The family's home in Nairobi's Lunga Lunga slum is a crowded shack of corrugated iron and scrap wood with no running water and a shared pit latrine. It's such a poor neighborhood that a broken doll's head and a discarded piece of wire become toys.

To shore up precarious circumstances, Lea Toto provides Juliette and other foster children with free medical care, extra food to boister their immune systems, plus 2,500 Kenyan shillings ($42) monthly for special expenses.

``I love her so much and I want her here, but I couldn't do it without support," said her grandmother, Hannah Mukami, 64.

Mukami said she is not afraid of Juliette's death.

``I've seen so many deaths that I don't fear them anymore. I'll love her while I can," she said.

Juliette's foster family of 14 children and five adults revels in the progress of its newest member. Juliette can count up to four and is learning her ABCs. They indulge her frequent requests for baths, and to eat her favorite food – fish.

``When I see abandoned kids on the streets, I feel so sorry for them, and so much closer to Juliette," her aunt said. ``That could have happened to her."

For information about Nyumbani Hospice: www.nyumbani.com., or Dr. Angelo D'Agostino, PO Box 21399, Nairobi, Kenya.

---------- Headers ----------
Return-Path: <amcgrath@DIOSHPT.ORG>
Received: from rly-za01.mx.aol.com (rly-za01.mail.aol.com [172.31.36.97]) by air-za02.mail.aol.com (v51.29) with SMTP; Mon, 30 Nov 1998 16:52:57 -0500
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by rly-za01.mx.aol.com (8.8.8/8.8.5/AOL-4.0.0)
with ESMTP id QAA04798 for <DagFam@aol.com>;
Mon, 30 Nov 1998 16:52:25 -0500 (EST)
Received: by smtp.dioshpt.org from localhost
(router,SLMail V2.6); Mon, 30 Nov 1998 15:51:27 -0600
Received: by smtp.dioshpt.org from host48.dioshpt.org
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From: "Fr. Andre McGrath" <amcgrath@DIOSHPT.ORG>
To: '"nyumbani@users.africaonline.co.ke"
<nyumbani@users.africaonline.co.ke>
Cc: "SJ Angelo D'Agostino MD (Business Fax)"
<SJ Angelo D'Agostino MD@011-254-2-718711>,
'"DagFam@aol.com"'
<DagFam@aol.com>
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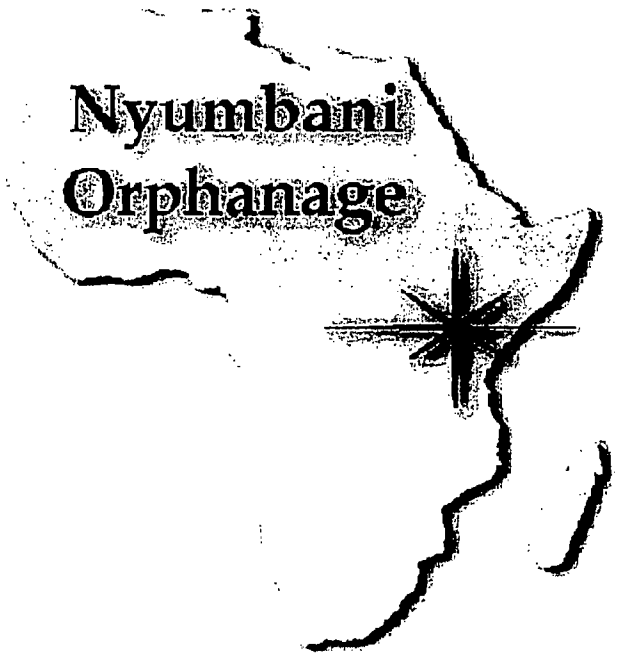
Welcome to the Nyumbani Orphanage Website

Background | Board & Volunteers | Meet Fr. D'Agostino | How You Can Help | Contact Us | Recent News

We can now accept On-Line Donations! Now, it's even easier to help the children of Nyumbani Orphange. The number of visitors to our web site has continued to grow and we thank all of you for your kindness and support.

"Nyumbani" (Swahili for "Home"), was opened in September 1992 to care for abandoned children who are HIV +. Located in the town of Karen, very near **Nairobi, Kenya,** Nyumbani provides much needed medical help, food, clothing and of course love to children who would be otherwise homeless. With the ever increasing number of HIV infected children, Nyumbani has become a beacon of hope in an area that desperatly needs one.



At present, Nyumbani has captured the hearts of many across the world, in large part due to the tireless efforts of Nyumbani's founder, Fr. Angelo D'Agostino. Please take the time to explore our website. We know that you, like so many others, will be deeply affected by this story of love, courage and faith. Thank you for visiting and if you would like to become a friend of Nyumbani, visit our "How You Can Help" page.

Click here for an update on Nyumbani activities

For more information, please contact Nyumbani@:

info@nyumbani.com

Background on Nyumbani

Home | Board & Volunteers | Meet Fr. D'Agostino | How You Can Help | Contact Us | Recent News

"Nyumbani" (Swahili for "Home"), was opened in September 1992 in Karen, a town a short distance from **Nairobi, Kenya.** Since that time, a total of 54 children, both infants and toddlers, have been cared for at Nyumbani. Currently, there are 29 HIV Positive children being cared for (18 girls and 11 boys) ranging in age from seven months to 13 years. The children live in duplex units or "cottages". There are currently three cottages that hold a "house mother" and 6 to 8 children each and a residence for professional staff. Early in 1997, two more duplexes, a schoolhouse and a warehouse will also be completed. At that time, Nyumbani will be able to house twice as many children.

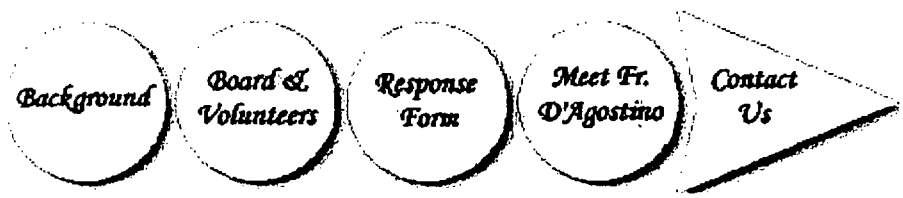
Many HIV Positive women in Kenya abandon their children in the hospital, because they fear they will die and leave their HIV Positive child alone and totally isolated (most are single mothers). In the public hospitals, there are not enough resources to care for these babies, and most die, from neglect, within a few months.

The facts are that not all infants born to AIDS-infected mothers actually carry the virus. Some infants are born free of infection; unfortunately, these healthy infants still test HIV Positive because they carry their mothers antibodies (the test is designed to pick-up the antibodies, and not the virus itself).

At Nyumbani, these abandoned babies are given the best nutritional, medical and psychological care available, so that these children can survive to the point of correct determination.

Those children who do convert to HIV Negative status (three out of four children), are placed back into their communities, with other family members, or foster families.

With the ever increasing rise of HIV-infected children (The World Health Organization has predicted 3,000 HIV Positive children in Nairobi alone), Nyumbani is desperately trying to expand its facilities to provide comprehensive care to more HIV Positive children. To that end, the Washington D.C. based organization, **Children of God Relief Fund**, is enthusiastically and actively fundraising to help Nyumbani be able to increase its physical space to accept the children who are already on a waiting list.



An African Mission Odyssey

by: Fr. Angelo D'Agostino, S.J., M.D.

Joining the Jesuits

Before joining the Jesuits in 1955, I spent two years as a surgeon with the U.S. Air Force in Washington, D.C. It was during this time that having made a retreat with the Knights of Columbus under Fr. Dave Madden, S.J., the thought of a vocation arose. After some efforts at convincing the Jesuits at Georgetown that I was serious, I was allowed to take Latin classes in the evenings and finally was accepted. During the novitiate, it soon became obvious that the society was not particularly interested in a surgeon, but thanks to the creative foresight and sensitivity of Fr. Tom Gavigan, S.J., Novice Master, I became convinced that psychiatry would be more useful.

Refugee Service

Many years later, after having completed training, I began to practice and teach psychiatry in Washington, D.C. Later, I setup the Center for Religion and Psychiatry and taught at the Washington Theological Union. I visited mainland China in 1978, with a group of medical men, where there were rumors that the Society might be invited to reopen the Medical School in Shanghai, thus, I volunteered for such a post. After a year, I received word from the Provincial that Fr. Arrupe, who was Superior General of the Society of Jesus at the time, was calling for volunteers to work in Thailand with Indochinese refugees. The Provincial then said that this territory was not too far from China and asked that I consider this assignment. I suspended the practice and teaching obligations for one year and I set off for Thailand as a director of a medical facility at a refugee camp there. After one year when I was about to return to the United States, Fr. Arrupe chanced to come through Bangkok and spent a couple of days with us.

I shall never forget his August 6th homily, the anniversary of the Hiroshima atom bomb drop. After Mass, he had dinner with us and revealed that he was considering starting the Jesuit Refugee Service in Africa and asked if I would consider coordinating that effort. I responded by saying that my leave and professional obligations ran for one year and that I was obliged to return. But he suggested that it would be only for a few months.

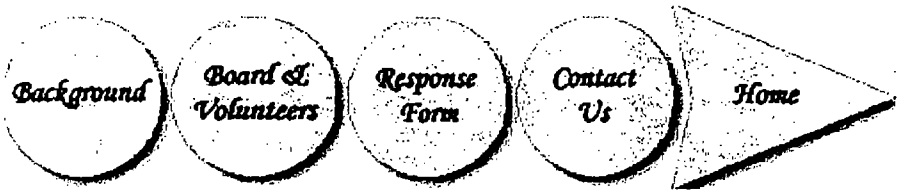
Well, it is now twelve years later and the Refugee Service is well developed and in good hands while I moved on to other fields. The two years spent as Coordinator of the Jesuit Refugee Service were frantic, challenging and very rewarding. The sum total of it was that programs were established in Sudan, Ethiopia, Zaire and Tanzania. Coordinating the efforts of wonderfully generous Jesuits from Belgium, India and Canada, while using Nairobi as a base, I was able to establish programs in these various countries only because they were manned by Jesuits who volunteered their services living in extremely difficult and trying situations.

The Idea Was Conceived

Returning to the U.S. for some time, I was able to resume practice and teaching. I found the experience sterile compared to the work that I left in Africa. So in 1987, I returned to the Eastern African Region and was given the work as a Superior of a Retreat House which was in need of expansion and refurbishment. When that was concluded, I resumed the general practice of Psychiatry with some teachings of Pastoral Psychology. It was during this time that I served on the Board of Governors of a large orphanage. The

orphanage was receiving abandoned children who were testing HIV+, so I suggested that a special facility be made available because of their needs. Unfortunately, the Board did not agree. When I did some research, I found that there were no such facilities in the country. The Minister of Health was very encouraging and strongly suggested that something be done.

The World Health Organization predicted that in Nairobi there will be 3,000 children born HIV+ by 1996. With such a stimulus and encouragement from a variety of well wishers, we did embark on a program which, ultimately, resulted in the opening of a home for HIV+ abandoned children on September 8, 1992.



How You Can Help

Home | Background | Board & Volunteers | Meet Fr. D'Agostino | Contact Us | Recent News

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Give your donation securely On-Line!

or

Thank you for you interest in Nyumbani Orphanage. Donations can be sent to:
NYUMBANI Orphanage
c/o Barbara Boggs Associates Inc.
1920 L Street, NW
Suite 600
Washington, DC 20036

The Noel Group, made up of Travel Guard Insurance, Olson Travelworld, Marathon Travel Shops, and IPMC, have selected NYUMBANI as the site of their 1997 **"Make A Mark"** tour. They have designed a trip to Kenya consisting of 3 days at Nyumbani to help finish one of the residence cottages and 7 days touring Kenya. The **"Make A Mark"** trips are designed as not-for-profit trips, with the resources of the Noel Group, the ground operators, and the tour operators all being donated so that $1,000 per participant will directly benefit Nyumbani. In addition, The Noel Group has donated $25,000 to the orphanage. Anyone interested in participating in the 1997 "Make A Mark" trip should contact Carol Torline at the Noel Group for further information (715) 345-0505.

Nyumbani Orphanage is a project of **The Children of God Relief Fund, Inc.**, a 501 (c)(3) tax-exempt organization registered in the State of New york as a not for profit corporation. Employer Identification Number: 13-3615655. Contributions are tax deductible to the extent allowed by law.

If you would like more information, please feel free to E-Mail us at *info@nyumbani.com*. A representative of the **Children of God Relief Fund** will contact you shortly concerning your inquiry.

May 26, 1998

Ms. Carolyn Gaspar
Nominations Manager
The Conrad N. Hilton Foundation
100 West Liberty Street
Reno, Nevada 89501

Dear Ms. Gaspar:

It is my understanding that Angelo D'Agostino, S.J., M.D. has been nominated for your consideration to receive the 1998 Hilton Humanitarian Prize. I would like to add my voice to the many that consider Father D'Agostino a truly remarkable man and one that is so deserving of this award.

During my February, 1998 visit to Africa to speak at the United Nations AIDS gathering, I had the fortunate opportunity to spend time with Father D'Agostino in Nairobi, Kenya. I found the NYUMBANI Orphanage to be a model of caring and an inspirational environment for the children so tragically effected by the AIDS epidemic.

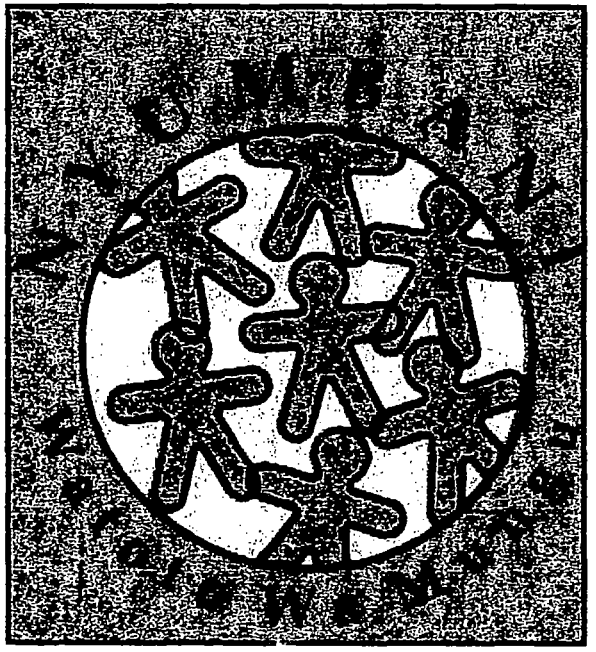
The daily activities, medical and educational efforts are the best possible, given the funds available. Under the vision and direction of Father D'Agostino, these previously abandoned children, who have suffered the loss of all their family members from the devastating impact of AIDS, now have a loving and welcoming home.

Father D'Agostino has my full support in nomination to receive the 1998 Hilton Humanitarian Prize. Father D'Agostino exemplifies the very type of person you seek to honor. He brings the highest humanitarian standard before us through his remarkable work in establishing and maintaining the NYUMBANI Orphanage in Nairobi, Kenya. I can think of few others so deserving and urge your consideration.

Please feel free to call me at (202) 456-2437 so that I may provide you with a more detailed description of my visit to NYUMBANI should your committee find this useful. In advance, thank you for your consideration.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy



The Children of Nyumbani

The first hospice for HIV+ children in Kenya

SPONSORSHIP INFORMATION

This information was published in March 1998 with the majority of the photographs being taken in November 1997.

The purpose of Nyumbani is to provide medical, nutritional and emotional support for all the children. Funding is provided from a variety of sources but as yet Nyumbani has no one major consistent sponsor. We invite you to sponsor a child to assist with the aims of Father D'Agostino, the founder and director of Nyumbani. Information will be sent at regular intervals and of course you can write or even visit your sponsored child if you wish.

A sample sponsor form is enclosed followed by photographs of the children currently at Nyumbani.

The cost of caring for a child for one year is 48,000 Kenyan shillings. With approximately 100KS to the UK pound, it is the equivalent of £480.00 per year.

We suggest the following contributions but of course you are free to donate any amount.

Corporate: £500.00 Family: £300.00 Individual: £100.00

When you have decided which child you would like to support please contact either of the following people and they will be happy to send you the appropriate form for you to complete. Thank you (Asante Sana) for your interest.

CHRIS LOWTHIAN
16 CHUDLEIGH
FRESHBROOK
SWINDON
WILTS, SN5 8NQ
Tele. & fax no. 01793 693731

OR

HELEN MANN
2 BROXBOURNE ROAD
ORPINGTON
KENT
BR6 0AY
Tele. no. 01689 833226

Simon Angelo B1-16a

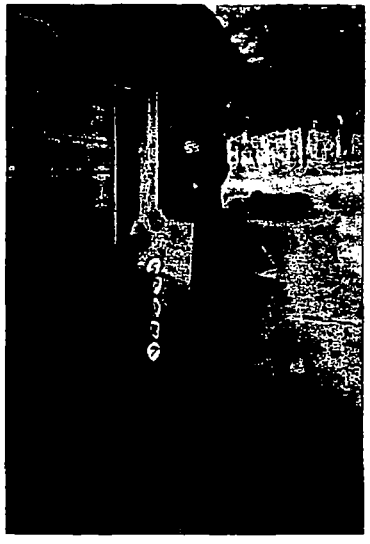
Beatrice Kangai B3-19

James Ali B3-28

Joseph Mawangi B2-1

Mwanaida Odino B2-11

John Mwiru B3-13



Knight Atieno B3-18

Georgina Angela B2-9

Kevin Kamau B2-10

Jane Wanjiku B3-16

Victor Mureithi B2-8

Meshack Ndirangu B3-23

John Mawangi B3-32

Caroline Nyaguthei B3-29

Dennis Buluma B2-26

John Gathee L2-3

Joe Angelo L2-4

Luke Macharia L2-5

Stephen Wanjau L2-6

John Githinji L2-9

Georgina Angela L2-10

Moses Wambua L2-12

Francis B. Oketch L2-13

Juliet Nyaguthie L2-15

Margaret Nyaoro L2-16

Jessica Zawadi L2-18

David Odhiambo L20-20

Christabelle Wanja L2-22

Mary Kathambi L2-23

Elija Oduol L2-24

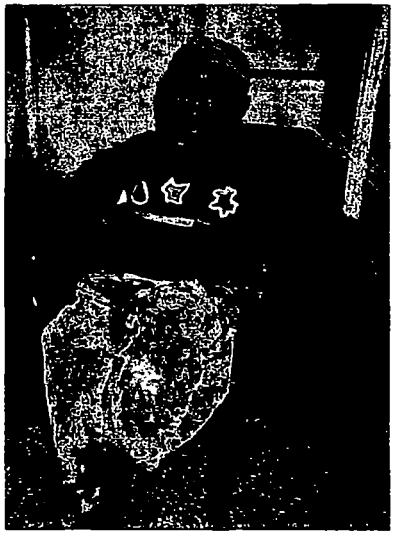
Jennifer Njeri L2-25

Diana Nyokabi L1-5

Pricsilla Wangui L1-6

Christine Gatijim L1-7

Margaret Mumbi L1-8



Johnson Birgen L1-9

Martin Muchene L1-10

Wanjiku Joyce L1-11

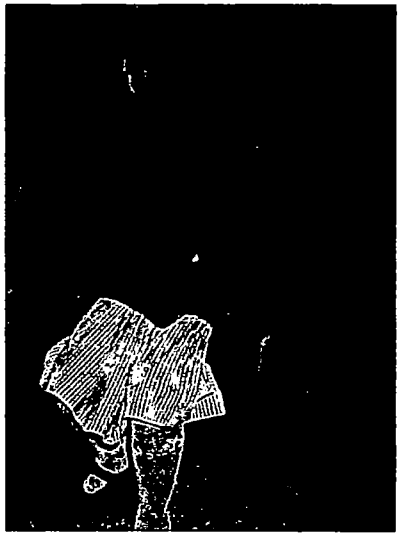
Wanjohi Elizabeth L1-12

Kimeu Kingeshi L1-13

Humphrey Muthuri L1-14

? L1-15

Mary Wangui L1-16



Laura Porchel L1-17

Jane Clair Mbere L1-18

Irene Wanjiku L1-19

Samson Sandachi N1

Ref: L2-3

BECOME A "FRIEND OF NYUMBANI"

This is John Gathee. He is 5 years old, has no parents and is HIV+. John is also deaf, dumb and cannot walk. He is being cared for by Father D'Agostino and dedicated helpers. They do not have any one major sponsor and are constantly looking to raise money to provide medication, food, emotional and educational support. You can help provide this by sponsoring with an annual contribution. It currently costs KS48,000 a year per child to provide this support. With an approximate exchange rate of KS100 = £1, this comes to £480.

We welcome corporate, family or individual donations with the following recommendations:-

Corporate	£480
Family	£300
Individual	£100

A newsletter is published quarterly to keep you up to date with the development of the children and Nyumbani. To become a friend of Nyumbani, please complete the form below and send it with your cheque or postal order made in favour of NYUMBANI and send to:-

Chris Lowthian NYUMBANI APPEAL.
16 Chudleigh, Freshbrook, Swindon, Wilts SN5 8NQ
Nairobi address:- NYUMBANI. Children of God Relief, PO Box 21399 Nairobi, Kenya

----------PLEASE CUT HERE----------

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I / we would like to become a friend of Nyumbani and make an annual contribution of:-

Please circle £480 £300 £100

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NYUMBANI

Watoto wa mungu

PO Box 21399

Nairobi, Kenya.

Tel: 716829,

Fax: 718711,

E-Mail:

nyumbani@users.africa online.co.ke

first for positive in Kenya

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Some of the new houses with the schoolhouse being built in the background.

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Sister Mary Owens and a new arrival.

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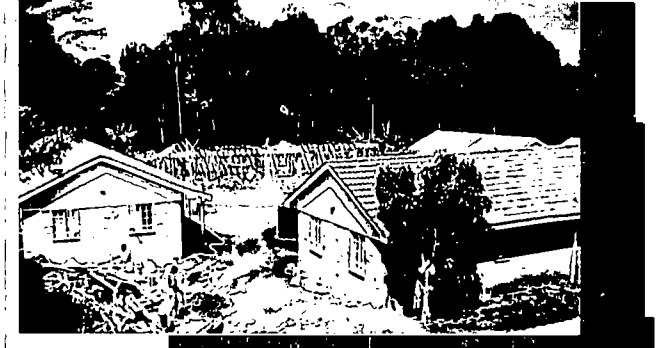

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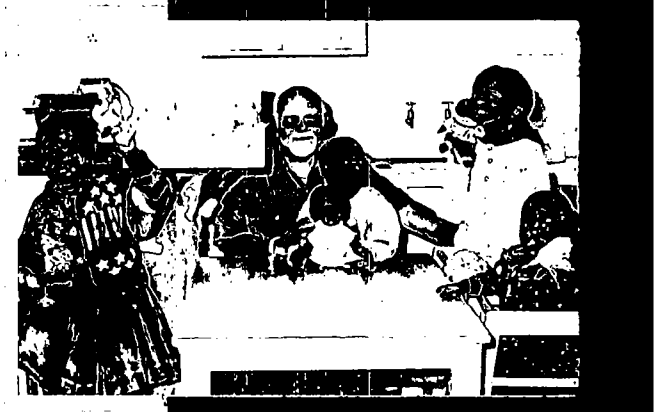

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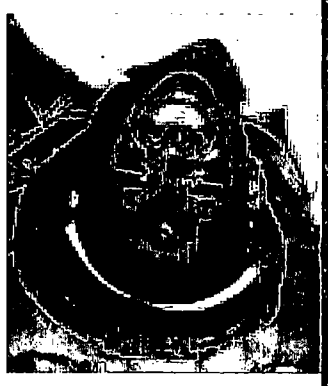

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Enjoying their new home.

a n i

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(4/3/98)

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NYUMBANI FACT SHEET

NYUMBANI is the realized vision of Dr. Angelo D'Agostino, S.J., M.D. who while on the Board of a large orphanage in Kenya, became aware of the reluctance of this orphanage to accept HIV+ children and to provide adequate facilities for their care. Dr. D'Agostino was soon joined by other willing helpers. Currently, NYUMBANI is a non-profit company registered in Kenya under the Companies Act (Cap.486), Registration Certificate No. C.72607, under the name "Children of God Relief Institute" and is managed by a voluntary Board of Directors. It was gazetted as a Home by the Ministry of Home Affairs on October 27, 1995 and approved as a Hospice by the Director of Medical Services in the Ministry of Health.

PURPOSE

NYUMBANI was founded because of a unique need to-day: the care of HIV positive abandoned infants. The WHO has predicted a population of 120,000 such children in Kenya by 2000. The tragic fact is that some HIV+ mothers assume, regrettably, that their child will not live, so they often abandon the child either at the maternity hospital or elsewhere. These infants all test positive at birth because of having their mother's anti-bodies; only one out of four, however, is actually infected. It is not until several months later that their true status can be known. Sadly, however, most of these infants die of neglect due to their HIV label and through ignorance of the possibility of their not being infected.

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HISTORY

The first NYUMBANI opened on September 8, 1992 in rented quarters. Six months later, March 1, 1993, we moved to a more spacious, structure in a healthy suburban area of Nairobi. and remained there until acquiring the present site on Karen.

A plot of approximately 2 acres was identified in October 1994, on which were some offices and a large shed. It was offered to COGRI by a well-wisher at a marked-down price. Renovations were made to

existing buildings and, the new NYUMBANI was officially opened on March 25, 1995. At present there are 50 children in residence.

The model of simulating a village-style living had been the objective of NYUMBANI right from the beginning. Constraints of depending on voluntary contributions rendered this not feasible in the early stages: to date, we have been utilizing either rented quarters or rent-free premises. Now, for the first time, having purchased land, we have eight buildings on the village model lines. Thanks to three generous contributors we have completed 5 duplex houses, a residence for professional staff, a schoolhouse and godown. Each of the duplexes will accommodate from 12 to 16 children in 2 family units. While the main purpose of this model is the creating of an environment for the children as close as possible to that of a family, we also believe that it has the advantage of being a model which is easy to replicate and affordable.

The latest development for the Children of God Relief Institute is the initiation of a Foster Care Program. NYUMBANI is quite unable to satisfy the growing demands upon it, so another means has been devised in which the HIV+ orphan is cared for by an extended family member. After inspection and approval by the Children's Department, a foster Carer is given an appropriate stipend (up to $ 40 a month) as well as clothes, medicines etc, as needed. Seed money for this project has been awarded by the Global Alliance for Africa but it is growing so fast more support will be needed soon.

CONCLUSION

The care of children with an as yet incurable disease may not seem a 'profitable enterprise' but it cannot be surpassed as a humanitarian endeavor. Providing a stress-free, family life experience has been proven scientifically to mitigate the ravages of HIV infection. We believe our efforts can serve as a pilot project to be replicated whenever needed.

A. D'Agostino, S.J., M.D.
Founder & Medical Director.

1st May, 1998

Physician priest's calling: babies with HIV

By GERALD RENNER
Courant Religion Writer

SOUTH WINDSOR — As if being a surgeon, a psychiatrist, a Catholic priest and a refugee coordinator weren't enough, the Rev. Angelo D'Agostino has taken up a tough new career.

He's rescuing abandoned babies who have the AIDS virus. And he's doing it in Kenya, an east African nation being ravaged by the disease.

D'Agostino, 71, a native of Providence, founded an orphanage in the capital city of Nairobi five years ago to take in the children who, without proper care, are destined to die.

"Most of the mothers are single women living in the slums, many of them prostitutes, who have AIDS and know they are going to die. So they leave the babies for others," D'Agostino said.

The babies might be left anywhere but mostly at hospitals. One was named Moses because he was found abandoned in reeds.

The babies test positive for the AIDS virus because their bodies carry their mothers' antibodies, he said. But that doesn't mean the children will get AIDS. In about a year, he said, after they develop their own immune system, three out of four of the children will be clear of the virus.

"Baby dumping" plagues Kenya and other sub-Saharan African nations, where the incidence of HIV and AIDS cases is the highest in the world.

D'Agostino has been in the United States since May trying to drum up support for his orphanage, which exists on voluntary contributions. Operating costs are about $10,000 a month.

"We have no major donor," he said. It's a condition he wants to correct.

D'Agostino, a bubbly man with a Vandyk beard, was interviewed in the South Windso home of a fellow alumnus of St. Michael's Col lege in Winooski, Vt., Francis Coleman. For th interview he wore black clerical garb, somethin he admitted he is not used to doing.

D'Agostino became a surgeon after grad uating from St. Michael's in 1945. He was an Ai Force flight surgeon when he found that "ther is more to life than cutting people up." He en tered the Jesuit order in 1955 where, at the request of his superiors, he became a psychia trist and psychoanalyst to bridge the then wid gap between religion and psychiatry.

He established the first Center for Religion and Psychiatry at George Washington Universi ty and directed it until 1980. Then, again at the

Please see New, Page A19

New calling: children with HIV

Continued from Page A3

call of his superiors, he was sent to Thailand to set up a camp for refugees. In 1981 he went to Africa to cooordinate the refugee work of Jesuit priests in several countries and to establish an institute on psychiatry and religion in Kenya.

He stumbled into the problem of babies with HIV while he was serving on the board of an orphange. The directors there turned down his request that they respond to the problem, so he decided to take on the job himself.

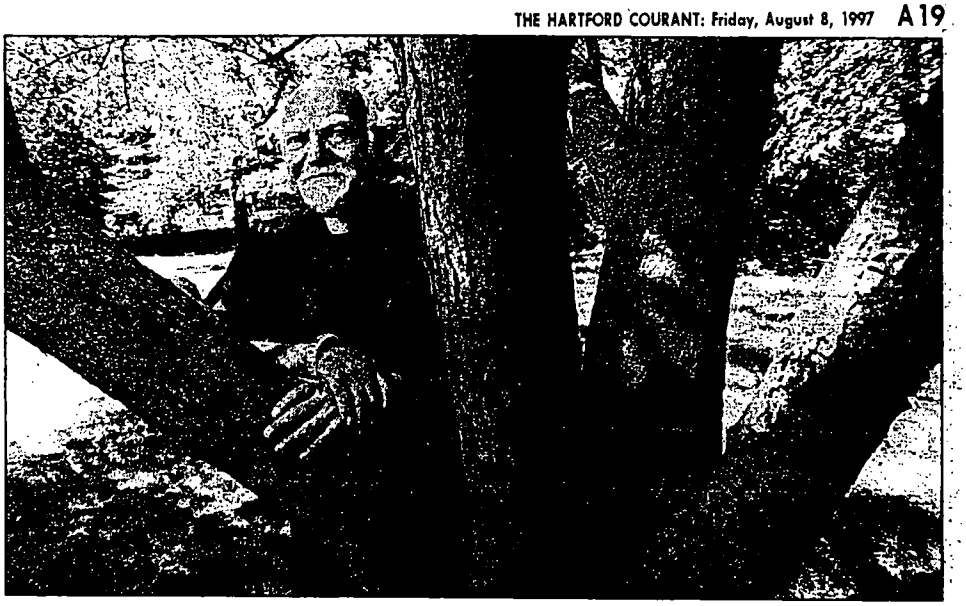
D'Agostino started the orphanage with six children in 1992, naming it Nyumbani, a Swahili word meaning home.

The home now has about 45 children, some with AIDS. In the past year, an Italian foundation and a Swiss organization built 10 new units, each holding six to nine children.

The staff of 25 people includes a part-time doctor and six nuns from India. Volunteers who come for short periods to help are mostly foreigners. Volunteerism is unknown in Kenya, he said.

"In the traditional village, people took care of their own," he said. But the traditional ways have broken down.

He said the Kenyan government is ineffective in confronting the problem. "They told me the government has no resources," he said.



Richard Messina / The Hartford Courant

■ The Rev. Angelo D'Agostino, a Catholic priest and psychiatrist, is visiting the area to seek support for the orphanage he founded in 1992 in Nairobi, Kenya, for abandoned babies who are HIV-positive.

The authoritarian Kenyan government is widely reported to be one of the most corrupt in Africa, but the priest was reluctant to talk about that.

Baby-dumping got some high-profile attention in March when the media followed first lady Hillary Rodham Clinton's two-week tour of African nations. In Zimbabwe she cited the support of the U.S. Agency for International Development in combating AIDS by providing money to health clinics to distribute condoms and treat sexually transmitted diseases.

"I don't care how many condoms they give away," D'Agostino said, that isn't helping the children who have been abandoned.

He said he approached the Agency for International Development to do something about the children, but "they said I was wasting my time because they are going to die anyway."

But D'Agostino hasn't gotten where he is without persistence. This summer he knocked on some doors on Capitol Hill and thinks he may have gotten a sympathetic hearing from one or more members of Congress.

He said he knows what he is doing "is only a drop in the bucket" compared to the problem. But, he said, if enough people become aware of what must be done he will have left a legacy that will continue after he is gone.

People wishing to contribute or for further information may write to Nyumbani, a non-profit organization, at 2521 Bull Run Court, Vienna, Va., 22180. Joseph D'Agostino, Father D'Agostino's brother, is treasurer.

Nyumbani Orphanage and Hospice

Karen, Kenya

October 3 to October 13, 1997

Additional trip dates to be announced.

For more information on how you can Make A Mark worldwide, call:

800-826-4026

This year, we will journey to Karen, Kenya, working to improve and expand the conditions and facilities at Nyumbani Orphanage and Hospice. The Hospice cares for HIV positive children, and space and resources are presently severely limited. The tour also includes stays at Mara and Mount Kenya Safari Clubs, and the chance to view the amazing wildlife variety in the Maasai Mara Game Reserve. Trip price includes airfare from New York, and most meals when in Kenya, including unique local dining experiences.

The trip cost will be $4,995 per participant. A portion of the trip cost, $2,112, will be donated directly to Nyumbani and is tax-deductible.

There is nothing quite as important about our lives as our ability to help others. This is your unique opportunity to make a special contribution to fascinating cultures. The Noel Group continues its vision of building relationships worldwide with the Make A Mark program. Throughout our journeys we have traveled to Dubrovnik and Russia. We've shared our vision and helped those in need by building clinics, schools and orphanages. And we've just begun – our Make A Mark journeys continue and you can become a part of this legacy.

John M. Noel

John M. Noel CEO, Noel Group

A special thank you to Spectra Print of Stevens Point, Wisconsin.

Itinerary

October 3 to October 13, 1997

Day 1 - Depart USA After a briefing on the goals of our project, we depart from New York's JFK Airport for Nairobi, via Europe.

Day 2 - Europe Arrive in Europe and take a connecting flight to Nairobi, arrive late this evening and transfer to your hotel.

Day 3 - Nairobi Welcome to Kenya. An awaiting Micato guide will accompany us to our Nairobi hotel. After lunch, we visit Karen Estates, the former home of Karen Blixen, authoress of "Out Of Africa." We will learn a great deal about life in Kenya in the early part of this century. A visit to Giraffe Centre, where at an elevated treetop aerie we will meet the giraffes quite literally face-to-face and handfeed them. Overnight at the Norfolk Hotel.

Day 4 - Nairobi Today we will travel to Langata. From Langata, we continue to the Nyumbani Orphanage for the first day of our participation in completing buildings, landscaping and spending time with the children.

Day 5 - Nairobi Our work continues on our project at Nyumbani, as the fruits of our labor begin to pay off!

Day 6 - Nairobi Today we finish our project at Nyumbani, quite a rewarding accomplishment.

Day 7 - Maasai Mara After breakfast this morning, we will transfer to the airport where we board our flight to the Maasai Mara Game Reserve. Today, we check into the Mara Safari Tented Camp. All tents have en suite facilities with hot and cold running water. In the late afternoon, we board our safari vehicle for a game drive. Lunch, dinner and overnight at the Mara Safari Tented Camp.

Day 8 - Maasai Mara Today we will explore the Mara during early morning and late afternoon game drives. This is an excellent opportunity for the more adventuresome of us to opt for an optional Hot Air Balloon Safari or the Lake Victoria Fishing Expedition. This afternoon, we make the most of another game drive in this legendary savannah. Overnight at the Mara Safari Club Tented Camp.

Day 9 - Mount Kenya Safari Club After breakfast, we fly to Nairobi, where we continue by road to the world-renowned, beautifully situated Mount Kenya Safari Club. Meals and overnight at the Club.

Day 10 - Nairobi/ Depart This morning after breakfast, we depart for Nairobi. Upon arrival, we check in to our day rooms at the Norfolk Hotel. Rest of the day is at leisure. The evening is reserved for cocktails and dinner at the home of Felix and Jane Pinto, our hosts in Kenya and owners of Micato Safaris. Then we transfer to the airport for our return flight home.

Day 11 - Kenya/ Europe/ USA Arrive in Europe for a connecting flight to New York.

A message from Dr. Art Ulene:

In 1993, John and Patty Noel established "Make A Mark". "Make A Mark" is a non-profit, secular, humanitarian project focused on building clinics, schools and orphanages in developing countries.

The Noel Group has already made contributions to build two cottages. This year, our "Make A Mark" project will be to complete buildings, and also participate in landscaping the grounds of the Nyumbani Orphanage in Karen, a suburb of Nairobi.

The word "Nyumbani" is Swahili for "home", and when you visit this orphanage, your heart will be touched by the many youngsters you will meet, and by the dedication of the helpers who work there.

The orphanage was founded in September, 1992 by Father Angelo D'Agostino, a priest and physician. The orphanage takes in abandoned HIV positive children and provides them with the best nutritional, medical and psychological care available. It gives the children a chance to survive.

The latest World Health Organization figures predict that there will be over 2,000 orphans in Nairobi by 1998. It is a tragedy that many of these orphans are babies of women who have tested HIV positive. They abandon the babies because they feel that they will be unable to care for them. Although these infants are all HIV positive at birth, only one in four is actually infected, and it may take several months to discover this.

Those children that convert to negative are transferred to more appropriate settings and are often adopted. Therefore, by providing proper care for a newborn HIV positive child, Nyumbani is able to prevent the dire consequences of neglect, and thereby save three out of four lives.

The facilities at the orphanage are cramped. Although there have been many improvements, there are at present 38 children using the facilities of 20. Fundraising efforts are continuing to help expand the orphanage and our project will help improve the facilities available. This project will help the orphanage board of directors move closer to their goal of creating a small village to give these orphans a family-style of living.

Our visit to the orphanage will help to improve the daily lives of these children. Your participation in the trip will help raise funds for the project. A part of the cost of the "Make A Mark" tour will be given as a donation to the orphanage and help in the costs of the building work.

The monthly budget at present for Nyumbani is $5,000 per month. Any additional donations which you feel you could provide, will be most gratefully appreciated by the children of the orphanage.

Please join me and my wife Priscilla, along with John and Patty Noel as we travel to Kenya in 1997 and help make a difference in the lives of these children. We know your participation will give you an overwhelming sense of fulfillment.

In addition to "Make A Mark", Dr. Art Ulene is the chairman of Feeling Fine Company, LLC, a company dedicated to the development and distribution of health information programs. Since 1975, his health reports have appeared nationally on the "NBC TODAY" show. He has also authored more than 50 books and home video/audio programs designed to promote good health. Dr. Ulene is a member of the Board of Councilors of the Schools of Medicine and Pharmacy at the University of Southern California, and a member of the Board of Directors of the USC/Norris Comprehensive Cancer Center.

MAKE A MARK Mission Statement

The opportunity to create global relationships through international travel combined with sustainable, humanitarian projects.

Registration Form

OCTOBER 3 - OCTOBER 13, 1997

The cost of this humanitarian tour will be $4,995 per participant.
$2,112 of the trip cost will be donated directly to Nyumbani and is tax-deductible.

• Single Room Supplement $395 • Optional Balloon Ride $375 • Optional Fishing Trip $375 •
Optional Pre and Post-Tour extensions are available.
Air upgrades are available to Business or First Class. Please call for details.

Name (s) _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

❒ Yes. I/ We wish to participate in "Make A Mark" Kenya 1997. Enclosed is $500 per participant.

Signature _____

❒ I'm sorry, I won't be able to participate in the trip, but I am enclosing $_____ as a contribution to the Nyumbani Orphanage.

❒ My schedule will not allow me to participate, but I am interested in future Make A Mark projects. The best month for me to travel is _____.

❒ Please check if you would like comprehensive trip insurance coverage for $150 per person.

PAYMENT TYPE:

❒ Enclosed is my check made payable to: Make A Mark.

❒ Please charge my deposit to the following Visa or Mastercard:

_____

Credit Card Name & Number Expiration Date

Signature _____

Please mail with a refundable deposit of $500 to:
"Make A Mark"
Olson-Travelworld/ Noel Group
1145 Clark Street
Stevens Point, WI 54481

or you may phone 1-800-826-4026 to make your reservation.

This year's "Make A Mark" project has been sponsored by:

Micato Safaris, Traveler's Bookcase, the Noel Group, Olson-Travelworld, Travel Guard International and IPMC Travel.

PO Box 21399

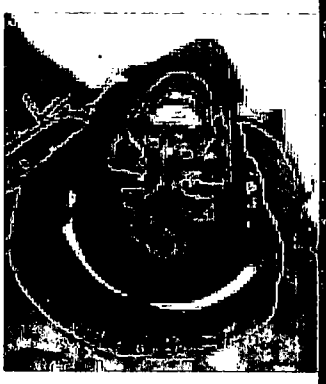
Nairobi, Kenya.

Tel: 716829,

Fax: 718711,

E-Mail:

nyumbani@users.africa online.co.ke



first hospice for positive orphans in Kenya

Nyumbani is the realized vision of Dr. Angelo D'Agostino, S.J., M.D. joined by many willing helpers to care for the HIV+ Orphans in Kenya.

Currently Nyumbani is a registered Kenya Charity, (Certificate No. C72607) under the name 'Children of God Relief Institute', with a voluntary Board of Directors.

elsewhere. These infants all test positive at birth because of having their mother's anti-bodies; only one out of four, however, is actually infected. It is not until several months later that their true status can be known. The situation is, however, that most of these infants die of neglect due to their HIV label or through ignorance of the possibility of their not being infected.

NYUMBANI represents an effort to remedy this situation. At NYUMBANI, we give these abandoned infants the best nutritional, medical, psycho-social and spiritual care possible so that they can and do survive until the time when a correct determination can be made. Those who do convert to a negative status are often adopted or transferred to appropriate settings. Those who remain positive stay with us for whatever span of life will be theirs. Therefore, besides providing care for all the children, we are also able to prevent the dire consequences of neglect and so save three out of four lives.

Some of the new houses with the schoolhouse being built in the background.

FUNDING NYUMBANI relies totally on the donations of PEOPLE OF COMPASSION, locally and abroad. We have a sister organization, the Children of God Relief Fund, in USA, which helps raise some of the cost. Several local bodies in Kenya have organized fund raising for us and we have been the beneficiaries of charity donations from a few international bodies in Kenya. As yet we have no major donor.

Some of the girls in their new house.

We welcome volunteers from all walks of life, from the friendly neighboring 'granny' who comes to visit and chat with the children, the volunteer student, local or from abroad, who offers some months of service during university vacations, to the more specialized persons, like medical persons, doctors or nurses, who give their services for a period of time or offer 'on call' availability. One such person was Dr. Therese Martin, a pediatrician sponsored by APSO, who offered her full-time services from February to early May, 1994 and again from June to August of 1995.

Our monthly budget ranges between $8,000 to $10,000. With no major donor to rely on, this means a constant appeal for sustaining funds. So far we have accrued a safety net to fall back on, but it requires re-implementation. Our annual auditor is Coopers and Lybrand.

A volunteer oversees children activities.

HISTORY At the end of October 1993, just over one year after opening, 49 children had been admitted, 22 had tested negative and been transferred to the Child Welfare Society awaiting adoption and there had been two deaths. Numbers continued to grow to the point of our having to establish a maximum of 30 children in residence at any one time. It seemed time to build.

The simulated village model with family style living had been the objective of NYUMBANI right from the beginning. Constraints of depending on voluntary contributions rendered this not feasible in the early stages: to date, we have been utilizing either rented quarters or rent-free premises. Now, for the first time, having purchased land, we are in a position to design the project on the village model lines. Thanks to three generous contributors we have built 5 duplex houses, a residence for professional staff, a schoolhouse and godown. Each of the duplexes will accommodate from 12 to 16 children in 2 family units. While the main purpose of this model is the creating of an environment for the children as close as possible to that of a family, we also believe that it has the advantage of being a model which is easy to replicate and it is affordable.

Sister Mary Owens and a new arrival.

CONCLUSION The care of children with an as yet incurable disease may not seem a 'profitable enterprise' but it cannot be surpassed as humanitarian endeavor. Providing a stress-free, family life experience has been proven scientifically to mitigate the ravages of HIV infection. We believe our efforts can serve as a pilot project to be replicated whenever needed.

Enjoying their new home.

a n i

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. invitation	Ice Cream Social to meet DC mayoral candidate (political) (2 pages)	07/23/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19408

FOLDER TITLE:
Kenya [1]

2007-1550-F
kc1244

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

5 pp total

456-2436

To: Sarah H.
The Office of Director Thurman

FROM: Maggie Petito

Hope this helps.
Beth is also going to fax more data —
I hope prints.
Also hope "ya'll" can join
us tonight.

Best,
Maggie P

7-23
Sarah -
You may want to check this
— Mossi

World Wide Web Access Statistics for www.nyumbani.com

Last updated: Wed, 30 Apr 1997 02:27:09 (GMT -0400)

Totals for Summary Period: Apr 1 1997 to Apr 25 1997

Requests Received During Summary Period	1089
Bytes Transmitted During Summary Period	13231288
Average Requests Received Daily	68
Average Bytes Transmitted Daily	826955

Total Transfers by Request Date

%Reqs	%Byte	Bytes Sent	Requests	Date
10.28	11.14	1474034	112	Apr 1 1997
14.33	14.44	1910697	156	Apr 2 1997
11.57	11.84	1566218	126	Apr 3 1997
8.82	9.10	1203751	96	Apr 4 1997
8.45	9.04	1196134	92	Apr 5 1997
5.23	5.94	786079	57	Apr 6 1997
10.10	10.60	1402966	110	Apr 7 1997
9.55	8.71	1152957	104	Apr 8 1997
14.60	14.91	1972419	159	Apr 9 1997

PURPOSE NYUMBANI was founded because of a unique need to-day: the care HIV positive abandoned infants. The WHO has predicted a population of 120,000 HIV+ children in Kenya by 2000. The tragic fact is that some HIV + mothers assume, regrettably, that their children will not live, so they often abandon the child either at the maternity hospital or elsewhere. These infants all test positive at birth because of having their mother's anti-bodies; only one out of four, however, is actually infected. It is not until several months later that their true status can be known. The situation is, however, that most of these infants die of neglect due to their HIV label or through ignorance of the possibility of their not being infected.

NYUMBANI represents an effort to remedy this situation. At NYUMBANI, we give these abandoned infants the best nutritional, medical, psycho-social and spiritual care possible so that they can and do survive until the time when a correct determination can be made. Those who do convert to a negative status are often adopted or transferred to appropriate settings. Those who remain positive stay with us for whatever span of life will be theirs. Therefore, besides providing care for all the children, we are also able to prevent the dire consequences of neglect and so save three out of four lives.

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NYUMBANI NEWS

Winter 1996

Dear Friends,

"She wrapped him in swaddling clothes and laid him in a manager because there was no room for them in the inn" (Luke 2:7-8) so the ancient Christmas story goes. Even in our times there is no place for HIV+ children discarded by dying parents and Society. How often we have thought that we would certainly have welcomed the young expectant mother in Bethlehem? Well, as the Abbe Pierre has eloquently said: "Christ in those little children was dying" so he moved the Blessed Sacrament to the cold attic in order to give a homeless family warm shelter on Christmas Eve in the little Church.

Meager as our effort has been, this year we can thank God and His myriad instruments--our benefactors-- for all the help given us as we at NYUMBANI try to give shelter, nourishment, better health and love to our own children at NYUMBANI.

All our efforts pale before the immensity of the problem. The World Health Organization prediction is that at least 1,000 orphans in Nairobi will be HIV+ by the year 2000. A recent related projection by the 1996 World Population Data Sheet is that by the year 2025 Kenya, which would be expected to have a census of over 60 million, will in fact barely reach the 30 million mark--because of AIDS!! In order to attempt to cope, then, we believe that a residential facility is not enough. We need an outreach and foster care program. The Children's Department of the Kenyan government has given us its blessings but thus far getting off the ground has been difficult. Please pray for this effort; we are open to any ideas as to how to succeed.

At this point, NYUMBANI has celebrated its fourth year (September 8th). It has served over 160 children and while 16 have not survived, over 35 have become HIV negative and been adopted locally and abroad. Our "graduates" can be found not only around Nairobi but also in Dubai, Alberta, Canada, America and perhaps soon in Ireland.

Sad to say, the number of orphaned HIV+ children is still increasing so demands on us continue daily. In order to alleviate the congestion in our present quarters (built for 20 but housing 30), we have embarked on a building campaign. By necessity, the growth has not only been physical but the size of our staff has also grown.

To conclude, I want to express my own thanks to all our benefactors who have given large and small of their resources, time, their efforts--all appreciated by the Board, the staff and especially the children at NYUMBANI. God continues to care for his own special HIV+ children. We see His Providence concretely before us every day and we pray that He will bless each and every one of you for your help and your prayers and bring Peace to this troubled planet.

Merry Christmas and Blessed New Year,
A. D'Agostino, S.J., M.D.
Founder & Medical Director

At the Nyumbani orphanage for HIV-infected children in Nairobi, Sister Emiline Ekamma carries Christy Gathiri, 5, to class. The founder of the orphanage, doctor-priest Angelo D'Agostino, is at far left.

EALING SPIRIT

ourney from Doctor to Priest to Missionary

BY DAVID BROWN ■ PHOTOGRAPHS BY CAROL GUZY

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Sister Mary Owens and a new arrival.

Enjoying their new home.

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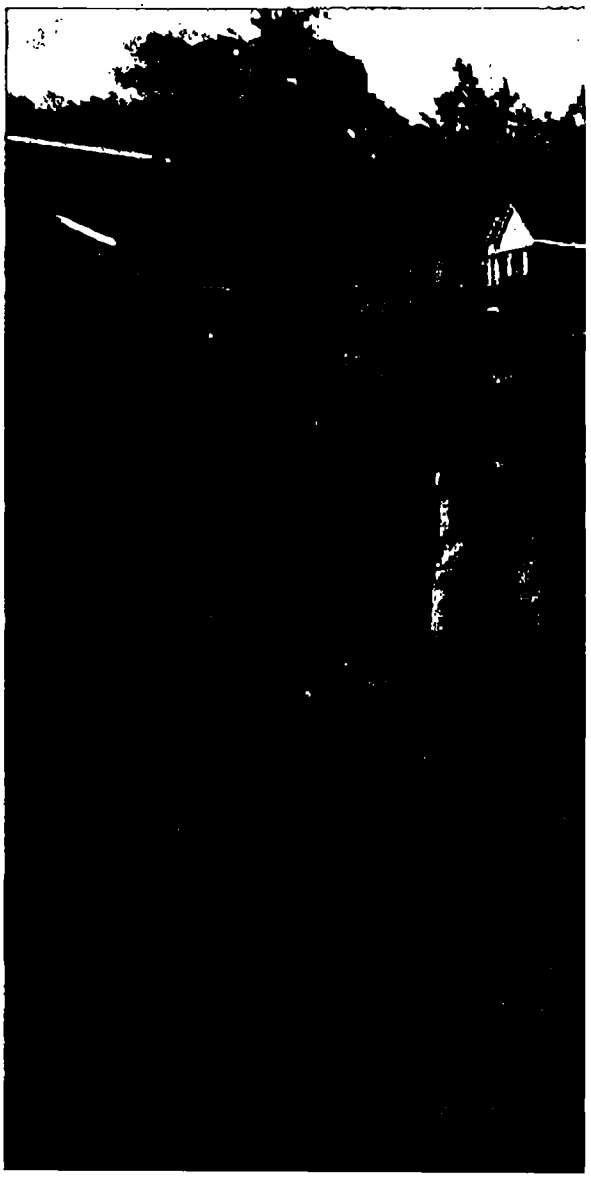


THE H

Angelo D'Agostino's

The call came from the wife of one of Angelo D'Agostino's former college roommates. "Dag," as his old friends call him, was coming to town. He's raising money for an orphanage he runs in Kenya for children with AIDS, a good cause, she assured me. Do you want to do a story about his orphanage?

She added that she should mention that D'Agostino is a Catholic priest. Also a doctor. And a psychoanalyst.

Actually, he started out as a surgeon specializing in urology.

I was intrigued. A Catholic psychoanalyst and former urological surgeon who runs an orphanage for African children with AIDS?

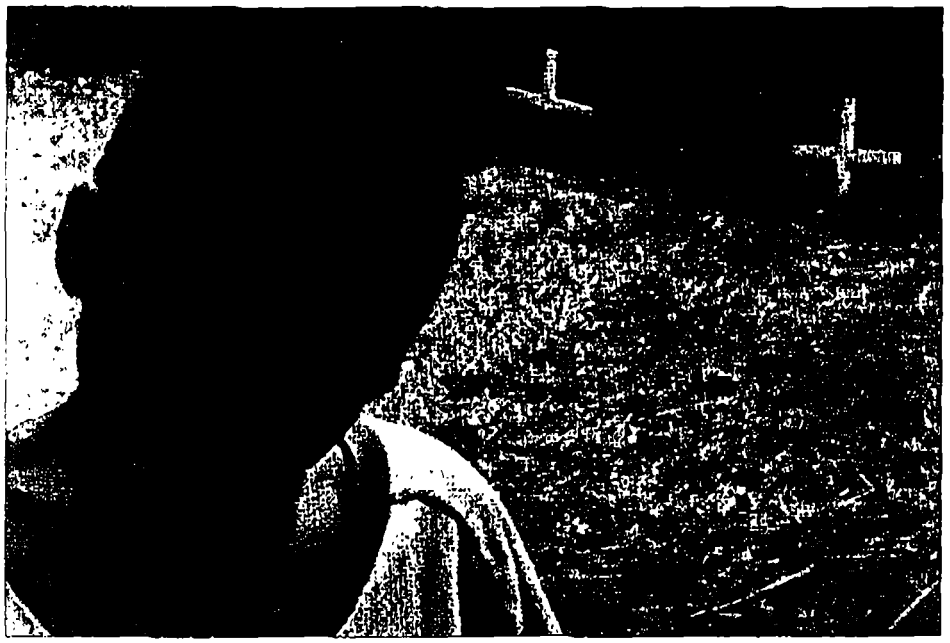
Soon I found myself at a dinner honoring a small man who bears more than a little resemblance to the aging Sigmund Freud. He was surrounded by about 200 people who have made a project out of supporting "Nyumbani," the institution D'Agostino founded six years ago outside Nairobi. They were Catholics and non-Catholics, old Africa hands, former patients from the days when D'Agostino practiced psychiatry in downtown Washington, friends of friends.

"None of this makes any sense, except they have all been touched in some special way by the things he's done," said Margaret L. Petito, a Washingtonian who helped organize the event.

■ ■ ■

Nyumbani is the Swahili word for "home." It is just the latest stop on a long spiritual and medical quest of the Rev. Angelo D'Agostino, SJ, MD. It's a quest that's

See DOCTOR-PRIEST, *Page 14*



DOCTOR-PRIEST, *From Page 12*

traced an unlikely path and has touched two of the century's major medical struggles.

Forty years ago, as a young surgeon seeking a new life as a Jesuit priest, D'Agostino was enlisted by the church to help quell the rancorous struggle between Catholicism and psychoanalysis. In the postwar years, when Freud's theories dominated American psychiatry, this was an important task. Psychoanalysis, with its emphasis on sexual drives and unconscious motives, was captivating an increasingly secular country. Between Catholicism and Freudianism, in fact, there was a Cold War, and D'Agostino was a diplomat who shuttled between both sides.

Today, he's at a different medical Ground Zero. He's part of the war against the discrimination and social disruption caused by infection with the human immunodeficiency virus (HIV) that causes AIDS—and he worries about less abstract things than he used to.

Africa is the continent worst hit by the AIDS epidemic, and it has the largest number of children whose mothers have been lost to the disease. A report recently published by the World Bank estimated that in Uganda, for example, 5 percent of children under age 14 are so-called "maternal orphans." In Kenya, the estimate is 1.8 percent.

Ostracism of AIDS patients is also a big problem in Africa. In 1992, while serving as a trustee of a Catholic orphanage in Nairobi, D'Agostino proposed that the institution make some sort of special provision for HIV-infected children. But it became obvious that the trustees wanted as little contact as possible with such children. So he quit the board and started his own orphanage.

Nyumbani, which began as a single rented house, now occupies a 9½-acre compound in a suburb of Nairobi. D'Agostino and his staff of 25—nurses, teachers, cooks, drivers, gardeners—take care of about 55 children, whose ages range from a few days to 14 years old.

All of the children arrive testing positive for HIV. For the infants, however, the label can be misleading. That's because all babies born of infected mothers carry some of her HIV antibodies for a while—and it's antibodies, not the virus itself, that is measured in the conventional AIDS test.

Not until about six months after birth, when the maternal antibodies finally disappear, can the children who actually carry the virus (and are making their own antibodies to it) be distinguished from children who are only transiently antibody-positive.

As it happens, about three-quarters of Nyumbani's newborn orphans eventually turn out to be uninfected. The fact that many of them have been abandoned in the hospital—and consequently can't acquire the virus through breast-feeding—helps keep the percentage high. Some of these children are ultimately adopted by Kenyan families or, in a few cases, by foreign families.

The less lucky infants, and the older children who arrive when their infection is certain, can spend their entire lives at Nyumbani. There's a school, plenty of room to run around in, a vegetable garden. A pediatrician comes in three times a week. Dying children can get hospice care, and a few are even buried on the grounds.

The orphanage costs about $12,000 a month to run, and is supported entirely by donations, mostly from individuals. (There are a few larger donors; the government of Japan last year gave $50,000 for the construction of a school building.) Triple-drug combination antiviral therapy, which has created a revolution in HIV care in industrialized nations, is out of the question, although D'Agostino has been able to get some cheaper medicines to help prevent opportunistic infections in the children.

At age 72, Angelo D'Agostino has plenty to do. But, in truth, it's the Third Act of his life.

■ ■ ■

D'Agostino grew up in Providence, R.I., the child of Italian immigrants. His father was a construction worker.

See DOCTOR-PRIEST, *Page 17*

Meshak Irangu, top left, an HIV-positive 6-year-old at the Nyumbani orphanage in Nairobi, stands in the orphanage's cemetery. The Rev. Angelo D'Agostino, a doctor and the founder of Nyumbani, plays with children in their bedroom cottage.

This child lives in Nairobi at the Nyumbani orphanage for HIV-infected children, founded by Angelo D'Agostino, a Jesuit physician.

DOCTOR-PRIEST. *From Page 14*

and his mother periodically worked in a textile mill. Together, they had four boys and two girls. Despite the father's lack of enthusiasm for the ecclesiastical world, two of the children became priests, another a Christian brother and one a nun.

Angelo, the next to youngest, went to St. Michael's College, a Catholic institution in Vermont, and then Tufts University School of Medicine. He trained as a surgeon—a urologist, specifically—in Boston, and spent the Korean War working in a military hospital outside Washington.

He was leading a relatively ordinary life as a young doctor—practicing during the day, dating and taking dancing lessons in the evening—when, one weekend, he went on a retreat led by a Jesuit priest. He says there was no conversion experience. But in the ensuing months, D'Agostino recalled, "I finally realized there was more to life than cutting up, and sewing up, people." He decided that what he really wanted was a religious vocation.

After much persuasion, the Society of Jesus permitted him to enter a center for novices in Pennsylvania after his discharge from the Air Force in 1955. There, he spent two years living a simple life of farm work and religious study. It was a world with no radios, telephones or newspapers, where the rhythm of each day was set by the ringing of bells. All conversation was in Latin except for 45 minutes after the evening meal, when English was permitted. They were, he said, "probably two of the happiest years of my life."

D'Agostino hoped he might become a medical missionary, but the priest in charge of the novice center had a different idea. He suggested that D'Agostino might better serve the church by switching to psychiatry.

"The Jesuits were always in the forefront of intellectual battles, and at the time there was a war going on between Catholicism and psychiatry," D'Agostino recalled. "The novice master thought maybe with my background in medicine I could talk to both sides. As a psychiatrist, I might be able to present to psychiatrists the validity of religious belief."

■ ■ ■

The chief conflict at the time was less between psychiatry and Catholicism than between psychoanalysis and Catholicism. The reasons for the mutual suspicion were many.

Most of the original psychoanalysts were atheists. Freud himself tended to interpret religious behavior and ritual as expressions of human need and neurosis. For their part, many Catholic theologians looked askance at the lack of free will implicit in much of Freudian psychology, as well as the emphasis on sexual drives. The conflict reached a peak in 1947, when Bishop Fulton J. Sheen, perhaps the best known Catholic priest in the country, attacked the "materialism, hedonism, infantilism and eroticism" of psychoanalysis in a sermon at St. Patrick's Cathedral in New York.

By the late 1950s, Pope Pius XII had given a limited endorsement of psychoanalysis, and certain aspects of psychoanalytic theory were being included in the training of Catholic pastoral counselors. There were organizations of Catholic psychologists and psychiatrists, as well. The rapprochement between the two belief systems, however, was still new and fragile.

D'Agostino took a residency in psychiatry at Georgetown University, and then got training as a psychoanalyst at the Washington Psychoanalytic Institute. Interspersed with this work were four more years of study for the priesthood.

He was ordained in 1966, becoming at last the hybrid the church was looking for—a member of the most scholarly order of priests and a certified practitioner of the most abstruse form of psychotherapy.

For nearly two decades, D'Agostino served the two callings. He practiced psychiatry in an office at 20th and L streets NW, doing two or three hours of psychoanalytic cases each day, and filling the rest of the time with couples therapy and short-term individual psychotherapy. He was chairman of the American Psychiatric Association's committee on religion and psychiatry, started the Center for

See DOCTOR-PRIEST, *Page 19*

Mark Russell and Kathleen Matthews Keep Them Laughing at 1996 Fundraising Event

Kathleen Matthews and Mark Russell enjoy the spirit of the evening.

Newlyweds, Becky and Joe Sherman, attend the event prior to their honeymoon in Kenya and a week volunteering at NYUMBANI.

Jim Desmond, Joseph Bellanti, Maggie Petito, Marian Ord, Kathleen Matthews, Joe D'Agostino, George Dalfera, Father Angelo D'Agostino, Mark Russell, Father Bill George, Jacquie Bellanti, Jack Dugan, Father Lorenzo D'Agostino
Board Members Not Pictured: Dennis DeConcini, Mary Lynn Cornell and Joseph Novello

FLASH!
One new Internet web page address is "http://www.nyumbani.com".

Dr. Edmund Pelligrino, former President of Catholic University and Head of the Georgetown University Medical Center Ethics Center, shares a moment with Father D'Agostino.

Event photos by Matthew D'Agostino.

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April 28, 1998 Volume 14 /Number 17

COVER STORY

A genetically engineered drug drastically cuts the cost of treating stroke patients by reducing the disability they suffer. Page 7

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CAROL GUZY- THE WASHINGTON POST

■ Five-year-old Joseph Birgen, center, holds a candle for morning prayers at the Nyumbani orphanage in Nairobi run by the Rev. Angelo D'Agostino.

DEPARTMENTS

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STAFF WRITERS Sandra G. Boodman, Don Colburn, Susan Okie, Sally Squires
EDITORIAL ASSISTANT Karen Chaffraix

NYUMBANI NEWS

Winter 1996

Dear Friends,

"She wrapped him in swaddling clothes and laid him in a manager because there was no room for them in the inn" (Luke 2:7-8) so the ancient Christmas story goes. Even in our times there is no place for HIV+ children discarded by dying parents and Society. How often we have thought that we would certainly have welcomed the young expectant mother in Bethlehem? Well, as the Abbe Pierre has eloquently said: "Christ in those little children was dying" so he moved the Blessed Sacrament to the cold attic in order to give a homeless family warm shelter on Christmas Eve in the little Church.

Meager as our effort has been, this year we can thank God and His myriad instruments--our benefactors--for all the help given us as we at NYUMBANI try to give shelter, nourishment, better health and love to our own children at NYUMBANI.

All our efforts pale before the immensity of the problem. The World Health Organization prediction is that at least 1,000 orphans in Nairobi will be HIV+ by the year 2000. A recent related projection by the 1996 World Population Data Sheet is that by the year 2025 Kenya, which would be expected to have a census of over 60 million, will in fact barely reach the 30 million mark--because of AIDS!! In order to attempt to cope, then, we believe that a residential facility is not enough. We need an outreach and foster care program. The Children's Department of the Kenyan government has given us its blessings but thus far getting off the ground has been difficult. Please pray for this effort; we are open to any ideas as to how to succeed.

At this point, NYUMBANI has celebrated its fourth year (September 8th). It has served over 160 children and while 16 have not survived, over 35 have become HIV negative and been adopted locally and abroad. Our "graduates" can be found not only around Nairobi but also in Dubai, Alberta, Canada, America and perhaps soon in Ireland.

Sad to say, the number of orphaned HIV+ children is still increasing so demands on us continue daily. In order to alleviate the congestion in our present quarters (built for 20 but housing 30), we have embarked on a building campaign. By necessity, the growth has not only been physical but the size of our staff has also grown.

To conclude, I want to express my own thanks to all our benefactors who have given large and small of their resources, time, their efforts--all appreciated by the Board, the staff and especially the children at NYUMBANI. God continues to care for his own special HIV+ children. We see His Providence concretely before us every day and we pray that He will bless each and every one of you for your help and your prayers and bring Peace to this troubled planet.

Merry Christmas and Blessed New Year,
A. D'Agostino, S.J., M.D.
Founder & Medical Director

LETTER FROM THE PRESIDENT

George L.J. Dalferes, President, Board of Directors

Father D'Agostino's Christmas letter and our treasurer's report is proof that we are on the right track. As NYUMBANI becomes more widely known, support of our efforts increases.

- Earlier this year, we were fortunate to have received excellent coverage on CBS and CNN. Let us know if you would like copies of those tapes.
- Blaine Pynkala, our new friend and volunteer, is tireless in his fundraising and publicity efforts in Pennsylvania.
- We are in the process of setting up a NYUMBANI page on the Internet.

All of these developments will have an impact on the bottom line.

The Board is pleased to welcome three new members; Dr. Jack Dugan, Mary Lynn Qurnell and Dr. Joe Novello. Their expertise and enthusiasm will be of great benefit to all of us. Administratively, we continue to benefit from our association with Barbara Boggs and her team.

In closing let me ask each of you to volunteer to serve on the committee to double our fundraising support in 1997. As a volunteer please do everything you can to insure that at least one new NYUMBANI supporter attends the 1997 event. Such an effort by each of us will be of major benefit to the orphanage and Father D'Agostino.

Thank you for your support and prayers. Season's Greetings.

Treasurer's Report

Joseph S. D'Agostino, Ph.D.

Your Board Treasurer is pleased to report that response to NYUMBANI's needs continues to impress all of us on the Board.

The success of the energy spent on our September fund-raiser at Union Station was well rewarded. The combination of tickets sold to more than 150 individuals and the contributions from persons and corporations swelled the event income to $50,000 after expenses. Contributions are still coming by mail and we expect our final total will be in excess of $60,000.

All of us were excited and overwhelmed when Father Angelo revealed that, during the week prior to the September event, an anonymous donor gave him a check in the amount of $100,000. The donor's wish is that this gift be used to begin an "endowment" fund. It is hoped that with additions to this sum of money and with interest accrued over the next several years that the endowment might reach one million dollars. It is the donor's hope that NYUMBANI would then be able to support itself with the resulting annual dividends. (What a positive position this would be for Father Angelo and his staff to face no financial burdens in caring for these children!)

Finally, your Board takes very seriously its fiduciary responsibilities to make certain that all funds raised for the NYUMBANI children are used for these purposes. (Our annual audit assures that we are right on target.) The Board is most appreciative of your continued support. You should know, as well, that Father Angelo, the Staff and Children of NYUMBANI are eternally grateful for your generosity.

Nyumbani Orphanage is a project of The Children of God Relief Fund, Inc., a 501(c)(3) tax-exempt organization registered in the State of New York as a not for profit corporation. Employer Identification Number: 13-3615655. Contributions are tax deductible, to the extent allowed by law.

NYUMBANI Orphanage c/o Rev. William L. George, S.J., Georgetown University, 302 Healy Hall, Washington, D.C. 20057
(202) 955-1360
Facsimile/E-Mail Address for Father D'Agostino: 011-2542-718-711/NYUMBANI@ARCC.OR.KE

Father D'Ag appointed Representative from the Vatican at the United Nations International Conference on AIDS in Nairobi. 1997 UN AIDS Awareness Campaign is "Children Living in a World with AIDS".

Dedication of New Schoolhouse

"I believe that education is one of the essential requirements of a society and every child has the right to study."- Ambassador Horiuchi

Japanese Ambassador, Dr. Horiuchi, unveils dedication plaque.

Due to the limited understanding of the transmission of AIDS, the NYUMBANI children have been prevented from attending local public or private schools. One and a half years ago, the Japanese Ambassador, Dr. Shinsuke Horiuchi, visited NYUMBANI and saw the tent that was serving as a "School House". His subsequent response and the Grassroots Project Programme of the Japanese Government resulted in the funding and construction of a four room school building with all the amenities. On October 24th, the new school was opened with a special dedication ceremony attended by the Dr. Horiuchi, the Kenyan Board, many well wishers and friends, the NYUMBANI children and members of the press.

Gathered with the children for a commemorative photo. From left: Ambassador Denis Afande, Board Chair; Reverend Angelo D'Agostino, Founder and Medical Director; Dr. Shinsuke Horiuchi, the Japanese Ambassador, Jann Eastwood, Kenyan Board Member

One of the NYUMBANI children makes a presentation to the honored guest.

NYUMBANI NEWS

Winter 1997

Dear Friends,

It is a pleasure to write this note and visit with you from NYUMBANI. You will receive it shortly before Christmas but as I write it here in early November my mind can visualize how bright and cheery it is for all of you in your homes and neighborhoods.

If the past is any indication, Christmas Day here at NYUMBANI will be a very festive occasion with shouts of laughter and joy coming from all the children. It is a very special day to them and for all of us.

The spirit of Christmas includes selfless giving, primarily, but much gratitude as well. That an infinite and Almighty God, for no advantage (but only selfless love) gives His only Son to bring us back to Himself, is beyond comprehension. After 2000 years, that often told message is still a source of great joy.

But, as is so often the case here at NYUMBANI, we are the recipients of overwhelming generosity from so many, near and far. So it behooves us to complement the Christmas spirit by acknowledging that great kindness by extending a prayerful word of sincerest and heartfelt thanks -- which the the children and I will offer at Mass on Christmas Day. The list is too long to itemize since it would fill 2 and 3 newsletters. But, you are known to God -- and to us -- and we leave it to Him to bless and reward you for your giving to His very special 55 HIV+ orphans at NYUMBANI.

As we face the beginning of 1998, here is a capsule look at 1997. It was a good year beyond imagining: The 10 family units are complete, the Sisters' residence and the schoolhouse are finished and in use, the warehouse construction was recently completed and is serving its purpose well, the playground in the center of our campus is almost finished and all that needs to be done is the completion of the staff quarters and the finalization of landscaping the grounds.

As word of the orphanage has spread, there has been an increase in the number of children left in our care. We have had to face a subsequent increase in funds for supplies of food, medicine and staff to keep up the quality of care that is appropriate. But we enter 1998 with hope and much courage.

Two other moments stand out during the year: In January, three of my brothers and two nephews came to NYUMBANI to visit and witness the program. In October, John and Patty Noel brought a group of distinguished tourists to NYUMBANI to witness and to work. They painted, played and partied with the children and left a generous check for our program. Both of those visits were special times for the children, for me and for the staff.

As an aside, we encourage all of you to be on the lookout for a major donor who will give us the security to endow the support program of NYUMBANI. An individual or a corporation could insure the future of NYUMBANI until a cure is found and the hospice is no longer needed. Wouldn't that be a day of prayerful thanksgiving! Until then, we still require that same Christmas spirit that will inspire you and many others to assist us as we attempt to provide joy and happiness to our children who certainly need it in their short lives.

As you know, we pray daily for all of the benefactors of NYUMBANI who do the work of the Lord through their selfless support. We are peaceful in knowing that His Providence - with you as His instruments - will never fail us.

May the Peace and Joy of Christmas that is beyond any human gift be with you and yours this season and throughout the coming 1998.

Merry Christmas and Blessed New Year,
A. D'Agostino, S.J., M.D.
Founder & Medical Director

DOCTOR-PRIEST, *From Page 17*

Religion and Psychiatry at George Washington University, and served as an adjunct faculty member on the medical school there.

For his part, D'Agostino did not find the two belief systems at all difficult to reconcile—even on the trickiest subjects.

For nearly two decades, D'Agostino served two callings: psychiatry and the priesthood.

"I was thoroughly convinced of its [Freudian theory's] validity and usefulness," he said. "I still believe in some of the basic ideas—things like the unconscious and its structure, concepts like reaction formation and the sublimation of the sexual drive." Religion, to his mind, simply addressed other questions, other needs. "When one gets into the realm of the spiritual, you leave the psychological behind."

■ ■ ■

Things began to change again for Angelo D'Agostino after he took a trip to China in the early 1980s. A group of church officials were looking into the possibility of reopening a Jesuit-run medical school in Shanghai that had been closed after the Communist revolution. Although the plan never materialized, D'Agostino came away from it with a case of wanderlust.

In the next few years, he took two short-term positions helping establish Catholic relief services in Southeast Asia and Africa. He eventually returned to practice in Washington, but found that things were different.

"The problems that were presented to me in committees, in the medical society and in the consultation room were not as all-demanding or as needful as the problems I had seen in Africa," he recalled. "It was constantly before me—the contrast."

One person who watched D'Agostino come to terms with his doubts was the Rev. Robert F. Drinan. A former congressman from Massachusetts, Drinan was teaching at Georgetown's law school and, like D'Agostino, living at the Jesuit Community, the living quarters for Jesuit priests on the campus.

"I think every Jesuit goes through a mid-life crisis. His was just more dramatic," Drinan recalled. "He had a lot to give up, and he had high-placed friends here. But he wanted new challenges."

In 1986, D'Agostino closed his practice, quit his committees, said goodbye to his friends and returned to Africa.

■ ■ ■

Urology is a long way from psychiatry. They're both a long way from the priesthood and running an orphanage in Africa.

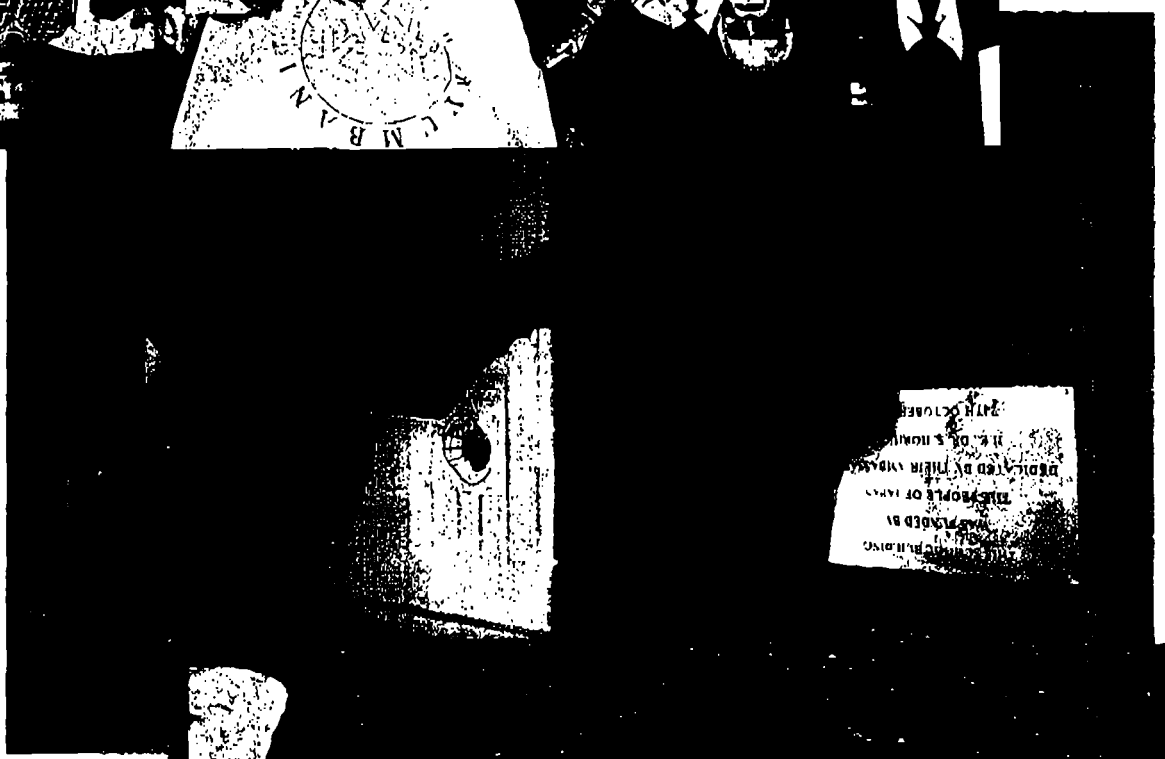
D'Agostino, however, finds nothing contradictory about any of his choices. They're all connected in unexpected ways in his conversation. Ask him, for example, how he could have made such a risky decision as starting his own orphanage from scratch, and he answers matter-of-factly: "My background was surgery. I was a doer."

His life, in fact, is a patchwork of shared loyalties.

Every child at Nyumbani gets religious instruction. All but those from identifiably Muslim families are baptized. D'Agostino says Mass for the children every Sunday.

Six mornings a week, D'Agostino practices psychiatry. ("As a Jesuit, I have to support myself," he notes.) Twenty dollars an hour is his top fee, and often he gets the equivalent of pocket change. No one is seen for free.

Freud, after all, never allowed that. ■



VS

What's this? Ten-year-old Christine Kuweri from Nyumbani Home seems to ask Dr Shinsuke Horiuchi, the Japanese Ambassador, during yesterday's official opening of buildings donated to the home.

New Aids testing kit out

By CHRISTINE DONDI

Scientists have developed a kit that detects blood infected with HIV virus within 15 minutes, the Japanese Ambassador to Kenya said.

Dr Shinsuke Horiuchi said research at the African Medical Research Foundation carried out by Kenya and Japan had yielded the results. "A new vessel has been made that can detect HIV positive or negative blood without using power and will be distributed to all medical clinics and hospitals in the country."

The new technique is vital during urgent blood transfusions, especially in the rural areas, where electricity is scarce, he said.

Since the Aids virus keeps changing, facilities are needed to mass-produce the testing chemical.

Dr Horiuchi was speaking at Nyumbani Children's Home during the official opening of a school building and godown.

PURPOSE NYUMBANI was founded because of a unique need to-day; the care HIV positive abandoned infants. The WHO has predicted a population of 120,000 HIV+ children in Kenya by 2000. The tragic fact is that some HIV + mothers assume, regrettably, that their children will not live, so they often abandon the child either at the maternity hospital or elsewhere. These infants all test positive at birth because of having their mother's anti-bodies; only one out of four, however, is actually infected. It is not until several months later that their true status can be known. The situation is, however, that most of these infants die of neglect due to their HIV label or through ignorance of the possibility of their not being infected.

NYUMBANI represents an effort to remedy this situation. At NYUMBANI, we give these abandoned infants the best nutritional, medical, psycho-social and spiritual care possible so that they can and do survive until the time when a correct determination can be made. Those who do convert to a negative status are often adopted or transferred to appropriate settings. Those who remain positive stay with us for whatever span of life will be theirs. Therefore, besides providing care for all the children, we are also able to prevent the dire consequences of neglect and so save three out of four lives.

Some of the new houses with the schoolhouse being built in the background.

FUNDING NYUMBANI relies totally on the donations of PEOPLE OF COMPASSION, locally and abroad. We have a sister organization, the Children of God Relief Fund, in USA, which helps raise some of the cost. Several local bodies in Kenya have organized fund raising for us and we have been the beneficiaries of charity donations from a few international bodies in Kenya. As yet we have no major donor.

Some of the girls in their new house.

We welcome volunteers from all walks of life, from the friendly neighboring 'granny' who comes to visit and chat with the children, the volunteer student, local or from abroad, who offers some months of service during university vacations, to the more specialized persons, like medical persons, doctors or nurses, who give their services for a period of time or offer 'on call' availability. One such person was Dr. Therese Martin, a pediatrician sponsored by APSO, who offered her full-time services from February to early May, 1994 and again from June to August of 1995.

Our monthly budget ranges between $8,000 to $10,000. With no major donor to rely on, this means a constant appeal for sustaining

funds. So far we have accrued a safety net to fall back on, but it requires re-implementation. Our annual auditor is Coopers and Lybrand.

At the end of October 1993, just over one year after opening, 49 children had been admitted, 22 had tested negative and been transferred to the Child Welfare Society awaiting adoption and there had been two deaths. Numbers continued to grow to the point of our having to establish a maximum of 30 children in residence at any one time. It seemed time to build.

The simulated village model with family style living had been the objective of NYUMBANI right from the beginning. Constraints of depending on voluntary contributions rendered this not feasible in the early stages: to date, we have been utilizing either rented quarters or rent-free premises. Now, for the first time, having purchased land, we are in a position to design the project on the village model lines. Thanks to three generous contributors we have built 5 duplex houses, a residence for professional staff, a schoolhouse and godown. Each of the duplexes will accommodate from 12 to 16 children in 2 family units. While the main purpose of this model is the creating of an environment for the children as close as possible to that of a family, we also believe that it has the advantage of being a model which is easy to replicate and it is affordable.

The care of children with an as yet incurable disease may not seem a 'profitable enterprise' but it cannot be surpassed as humanitarian endeavor. Providing a stress-free, family life experience has been proven scientifically to mitigate the ravages of HIV infection. We believe our efforts can serve as a pilot project to be replicated whenever needed.

A volunteer oversees children activities.

Sister Mary Owens and a new arrival.

Enjoying their new home.

a n i

NYUMBANI®

THE CHILDREN OF GOD RELIEF INSTITUTE

A Registered Charity in Kenya & USA

P.O. Box 21399, Nairobi - Office Tel: 716829, Fax: 718711, e-mail: nyumbani@swiftkenya.com

Home page: http://www.nyumbani.com hospice: Tel: 884303, 882371 - Dagoretti Rd., Karen.

PRESS RELEASE

24 OCTOBER 1997

Each year the UN designates a theme for its world AIDS Awareness Campaign. For the year 1997, the title is "CHILDREN LIVING IN A WORLD WITH AIDS".

NYUMBANI is in its 5th year of caring for HIV+ orphans who actually are HIV+. The children are provided the best affordable wholistic care and for the most part, they enjoy a happy, healthy, though limited life expectancy.

Because of poor understanding of the disease transmission, they are prevented from attending private or public schools. Most countries have laws prohibiting this sort of unjust discrimination.

One and a half years ago, His Excellency, the Japanese Ambassador visited NYUMBANI and saw the tent that was being used as a "School House". His reaction resulted in the funding of US$51,549.- approximately equivalent to, two million nine hundred thousand Kenya Shilling to construct a very adequate four room school building with all the amenities. Thanks to the Grassroots Project Programme of the Japanese Government, our 55 children can profit from age appropriate teaching. A Montessori Program for the Nursery and Pre-School age children will continue in these much more suitable surroundings.

It is a prayerful wish that a cure for HIV will be discovered soon so that these children will be found to be prepared for a long life thanks to the education afforded by these facilities.

The dedication ceremony will be lead by the Chairman of the Board of NYUMBANI, Ambassador (Rtd.) Denis Afande with the Guest of Honour being, H.E. Dr. Shinsuke Horiuchi, the Ambassador of Japan to Kenya. Other Board Members. Well Wishers and Friends will also be present.

SPEECH MADE BY THE AMBASSADOR OF JAPAN, DR. SHINSUKE HORIUCHI ON THE OCCASION OF THE OFFICIAL OPENING CEREMONY OF THE SCHOOL BUILDING AND GODOWN AT THE NYUMBANI.

Mr. Denis Afande, Chairman of the Board of the Nyumbani, Farther Edward Phillips, Secretary of the board of the Nyumbani, Dr. Angelo D'Agostino, Founder and Medical Director of the Nyumbani, Distinguished Guests, Ladies and Gentlemen.

Let me congratulate the Nyumbani - A Facility of the Children of God Relief Institute, on its successful completion of this school building and godown. It is my great pleasure to join this ceremony and I would like to thank all the people involved for the construction of this school and godown. The grant contract for this project was signed on 7 October 1996, between the Government of Japan and the Nyumbani - A Facility of the Children of God Relief Institute. This project is one of our Grant Assistance for Grassroots Projects, designed to assist grassroots based projects that directly benefit people.

Under the grant contract, the Government of Japan extended to the Nyumbani - A Facility of the Children of God Relief Institute, a grant fund amounting to fifty one thousand, five hundred and forty nine US dollars,(US$51,549.-), which was equivalent to approximately 2.9million Kenya shillings at that time. The grant was used for the construction of the school building and godown.

One and half years ago, I visited Nyumbani and saw the tent that was being used as a school. At that time, I asked the people in Nyumbani " Why don't you send your children to the local schools?" Their answer was that "Due to the poor understanding of the disease and the HIV positive people, the children in the Nyumbani, were not welcomed by the local schools, even though they wanted to study". I believe that education is one of the essential requirement of a society and every child has the right to study. Therefore, we assisted in the construction of this school building.

The important issue which we should not forget is that the children in Nyumbani require the same standard of education as those given in the private or

government schools. I do hope that the day will come soon when the children in Nyumbani will be able to study in the private or government schools with other children.

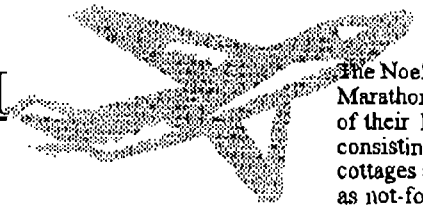
One of the problems faced by the HIV positive people apart from the disease itself is also public's strong bias and discrimination based on misunderstanding of the the HIV positive ailment. This is why most countries have laws prohibiting unjust discrimination.

Since the HIV issue is a serious problem of the international dimension, Japan, jointly with the US Government announced the Global Issues Initiative on Population and AIDs, in February 1994, and the Government of Japan has placed high priority on this issue in its Grant Assistance programme. Japan has assisted many related projects in Kenya and other countries. The purpose of our assistance to the HIV related programmes are not only HIV prevention but also to eliminate the bias and any unjust discrimination shown against HIV positive people by educating and giving the right information of the disease transmission. Through the new awarness, it will prepare the environment in which HIV positive people can make their contributions to the society.

I strongly hope that these assistance programmes will bear fruit in the near future and Japan will continue its contribution in this field to eliminate the HIV related problems in Kenya.

Thank you.

NAIROBI NOTES



The Noel Group, made up of Travel Guard Insurance, Olson Travelworld, Marathon Travel Shops, and IPMC, have selected NYUMBANI as the site of their 1997 "Make A Mark" tour. They have designed a trip to Kenya consisting of 3 days at NYUMBANI to help finish one of the residence cottages and 7 days touring Kenya. The "Make a Mark" trips are designed as not-for-profit trips, with the resources of the Noel Group, the ground operators, and the tour operators all being donated so that $1,000 per participant will directly benefit NYUMBANI. In addition, the Noel Group has donated $25,000 to the orphanage. Anyone interested in participating in the 1997 "Make a Mark" trip should contact Carol Torline at the Noel Group for futher information (715-345-0505).

The Children

- NYUMBANI currently houses 29 children ranging in age from seven months to 13 years. There are 18 girls and 11 boys. Seven of the children were recently adopted in Ireland making room for some on the waiting list to enter the orphanage.

Current and Future Projects

- The expansion building plans were drawn by Mr. Wambaa of the Triad Architectural firm and construction began in June. Three duplex units to hold a "house mother" and 6 to 8 children each and a residence for the professional staff have been completed . By the early weeks of 1997, God willing, two more duplexes, a schoolhouse and a warehouse will also be completed. At that time, we should be able to house twice as many children -- 60 to 70.

- Through the expansion program, NYUMBANI established relations with contributors, Caritas Italiana, ProVictimis of Switzerland and the Embassy of Japan. The Embassy has just donated $51,000.

- We have been particularly blessed by the coming of a group of four sisters from southern India. They are all very well trained as nurses, teachers and social workers and we pray that their new residence on the compound will bring them years of happy and productive work with the children.

- NYUMBANI has received official recognition as a Home for Orphans thanks to the Director of the Children's Department in the Ministry of Home Affairs, S. Ole Kwallah, and recognition as a Hospice through the office of the Director of Medical Services in the Ministry of Health, Dr. James Mwanzia. The only other hospice in Kenya is for cancer patients.

- The Ministry of Culture and Social Services graced us with the presence of the Kenyan Permanent Secretary, Francis Owuor, who represented the Minister, Mrs. Nyiva K. Mwendwa, when he presented a considerable check in May.

The Kenyan Board

- Ambassador Denis Afande, the former Kenyan Ambassador to the U.S. has been very effective as he has taken over the chairmanship of the Kenyan Board from Lorenzo Bertolli who served us so well for the past year.

- We welcome our two newest board members in Kenya: Jann Eastwood brings her devoted and astute nursing background to bear daily as a volunteer with the children and was also instrumental in obtaining a large donation to put tile roofs rather than tin ones on the new buildings; Paddy Migdoll single handedly staged a most successful benefit day at the races at Limuru.

- Sister Mary Owens from Ireland was recognized by her religious sisters to have the qualities of leadership in religious life to be elected/appointed Provincial Superior. She has sacrificed all other commitments but we are happy to find the only "outside job" she has chosen to keep is Treasurer of the Board.

Additional Thanks

So many benefactors are to be thanked and surely will be rewarded, but of particular mention are:

- Many British Airways crew members have brought clothes, supplies and funds. Crew members spend time at the home on their layover days and several have instigated collection campaigns in England for needful items. We are especially grateful to British Airways crew members Chris Lowthian who has begun a NYUMBANI bank account in London to accept contributions for times of acute need and John Hanlon who together with his family has been close to NYUMBANI and of significant assistance.

- Mrs. Thoreen Scopelliti was instrumental in obtaining a sizable gift this fall.

CBL Staff - 1 pg

PROPOSALS FOR DISCUSSION **PROPOSALS FOR DISCUSSION**

The burden of HIV/AIDS on racial and ethnic minorities is a severe and ongoing crisis which requires both immediate measures and a long term sustained commitment to overcome. The Department is committed to developing and implementing a comprehensive response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS as well as developing new and innovative strategies that target assistance to address specific needs. A substantial portion of federal AIDS dollars are serving racial and ethnic minorities, however it is clear that much more needs to be done to assure that these communities fully benefit from effective prevention and treatment interventions. The Department is willing to direct and further target existing program resources in the range of $35 million - $45 million as an initial investment, with the expectation that this commitment will grow over time. The impact of this targeted investment will be far greater as it supports the ability of individuals and organizations within communities of color to effectively access existing resources and programs.

The Department has developed a number of strategies to address areas of specific concern identified by the Congressional Black Caucus. These strategies are grouped into three broad categories: technical assistance and infrastructure support; increasing access to prevention and care; and building stronger linkages to address needs of specific populations. A brief summary of these strategies is provided here for the purposes of discussion with staff of CBC member offices. The Department's desire is to facilitate a constructive dialogue, with the goal of achieving consensus around an effective action plan.

Technical Assistance and Infrastructure Support

o Provide targeted technical assistance through contracts with national organizations to assist minority community-based organizations in developing expertise in fiscal and administrative grants management and the preparation of competitive funding applications, and through organizational mentoring strategies. Over 100 sites could be targeted for 2 week TA programs.

o Increase the number of targeted planning grants under Title III of Ryan White to build new capacity for community-based organizations located in highly impacted minority communities to deliver needed health care services. Average planning grant amount is $50,000. *

o Increase the proportion of new National Health Service Corps loan repayees who are directed to serve in highly impacted minority communities.

o Develop and implement model programs for training and engaging community members as lay community health workers, building on the strengths of existing organizations such as communities of faith, business and civic groups within racial and ethnic minority communities. This activity would be directed through partnerships and contracts with national organizations.

o Support the early exposure of children in communities of color to the opportunities of a career in the health professions by requiring every grantee supported by the Bureau of Health Professions to establish outreach programs to local grade schools, junior high and high schools.

Increasing Access to Prevention and Care

o Provide outreach and primary care services in highly impacted minority communities through such activities as the availability of mobile medical units These mobile units could be directed through the

Section 330 program or Title III of Ryan White.

o Place a new requirement in CDC's HIV Prevention Community Planning cooperative agreements that State allocation decisions must reflect the demographics of the HIV epidemic in that State.

o Develop a pilot demonstration program in 5 sites to integrate the planning and provision of HIV, STD, TB and substance abuse prevention and treatment services. Each project site would incorporate and build on behavioral and social science research and bring prevention and service delivery systems for STDs, TB and drug treatment into formal relationships with HIV systems, address gaps in enabling services that serve as barriers to care, support community outreach strategies, and target prevention to high risk groups.

o Develop and implement a program to train, place, and support a cadre of peer treatment educators from racial and ethnic minority groups as a strategy to engage more persons of color in high quality care.

o Prepare a user-friendly guide to clinical services for women. This resource is intended for the lay reader to assist women in accessing appropriate care.

o The Ryan White programs are initiating a quality of care initiative, to identify and address those factors which result in the provision of an uneven quality of care among persons in care.

Building Stronger Linkages

o Initiate a demonstration project in 6 States and DC working with State and local correctional systems to track the impact of HIV within these systems, guide effective prevention and treatment interventions, and establish linkages to community care for persons soon to be released. This project would reach 60% of the incarcerated population and 66% of reported AIDS cases in State correctional systems.

o Increase the number of Ryan White SPNS grants to: (1) develop new models for continuity of care between prison systems and community providers, and (2) develop new models to integrate substance abuse prevention and treatment with HIV care among specific populations.*

o Establish linkages between substance abuse treatment and HIV services within SAMHSA's new Targeted Capacity Expansion initiative, and place a setaside within the program next year for an integrated substance abuse and HIV care component. Address substance abuse and HIV issues within the Knowledge Development and Application initiatives in FY99.

New Partnerships

o In recognition that a broad-based strategy to mobilize effective community responses must go beyond federal programs, the Secretary and the Surgeon General want to join with the CBC in reaching out to the leadership of major organizations to engage them in a national and grassroots effort to raise awareness and involvement around HIV/AIDS, seeking commitments to action from the leadership of national business and civic groups, and media organizations. The Surgeon General has made the issue of racial disparities in HIV and the urgency of HIV/AIDS in minority communities a top priority to be addressed in his public appearances as well as in the Race and Health Initiative.

* Requires legislative action

BARBARA BOGGS ASSOCIATES INC.

FAX TRANSMISSION SHEET

If you have difficulty in receiving this fax, please call 202-955-1360.

TO: Sandra Thurman Attn: Sara

COMPANY: The White House

FAX NUMBER: 456-2438

FROM: Beth Egan

DATE: 7/23/98

TOTAL NUMBER OF PAGES: 12

COMMENTS:

Maggie Pettito asked me to forward this information on Nyumbani to your office.

Please call if you need any information in addition to this. → 202/955-1360

1920 L Street, NW ■ Suite 600 ■ Washington, DC 20036 ■ 202 955 1360 ■ FAX 202 955 1361

THE H

Angelo D'Agostino'

The call came from the wife of one of Angelo D'Agostino's former college roommates. "Dag," as his old friends call him, was coming to town. He's raising money for an orphanage he runs in Kenya for children with AIDS, a good cause, she assured me. Do you want to do a story about his orphanage?

She added that she should mention that D'Agostino is a Catholic priest. Also a doctor. And a psychoanalyst.

Actually, he started out as a surgeon specializing in urology.

I was intrigued. A Catholic psychoanalyst and former urological surgeon who runs an orphanage for African children with AIDS?

Soon I found myself at a dinner honoring a small man who bears more than a little resemblance to the aging Sigmund Freud. He was surrounded by about 200 people who have made a project out of supporting "Nyumbani," the institution D'Agostino founded six years ago outside Nairobi. They were Catholics and non-Catholics, old Africa hands, former patients from the days when D'Agostino practiced psychiatry in downtown Washington, friends of friends.

"None of this makes any sense, except they have all been touched in some special way by the things he's done," said Margaret L. Petito, a Washingtonian who helped organize the event.

■ ■ ■

Nyumbani is the Swahili word for "home." It is just the latest stop on a long spiritual and medical quest of the Rev. Angelo D'Agostino, SJ, MD. It's a quest that's

See **DOCTOR-PRIEST.** *Page 14*

who actually carry the virus (and are making their own antibodies to it) be distinguished from children who are only transiently antibody-positive.

As it happens, about three-quarters of Nyumbani's newborn orphans eventually turn out to be uninfected. The fact that many of them have been abandoned in the hospital—and consequently can't acquire the virus through breast-feeding—helps keep the percentage high. Some of these children are ultimately adopted by Kenyan families or, in a few cases, by foreign families.

The less lucky infants, and the older children who arrive when their infection is certain, can spend their entire lives at Nyumbani. There's a school, plenty of room to run around in, a vegetable garden. A pediatrician comes in three times a week. Dying children can get hospice care, and a few are even buried on the grounds.

The orphanage costs about $12,000 a month to run, and is supported entirely by donations, mostly from individuals. (There are a few larger donors; the government of Japan last year gave $50,000 for the construction of a school building.) Triple-drug combination antiviral therapy, which has created a revolution in HIV care in industrialized nations, is out of the question, although D'Agostino has been able to get some cheaper medicines to help prevent opportunistic infections in the children.

At age 72, Angelo D'Agostino has plenty to do. But, in truth, it's the Third Act of his life.

■ ■ ■

D'Agostino grew up in Providence, R.I., the child of Italian immigrants. His father was a construction worker,

See DOCTOR-PRIEST, *Page 17*

DOCTOR-PRIEST. *From Page 12*

traced an unlikely path and has touched two of the century's major medical struggles.

Forty years ago, as a young surgeon seeking a new life as a Jesuit priest, D'Agostino was enlisted by the church to help quell the rancorous struggle between Catholicism and psychoanalysis. In the postwar years, when Freud's theories dominated American psychiatry, this was an important task. Psychoanalysis, with its emphasis on sexual drives and unconscious motives, was captivating an increasingly secular country. Between Catholicism and Freudianism, in fact, there was a Cold War, and D'Agostino was a diplomat who shuttled between both sides.

Today, he's at a different medical Ground Zero. He's part of the war against the discrimination and social disruption caused by infection with the human immunodeficiency virus (HIV) that causes AIDS—and he worries about less abstract things than he used to.

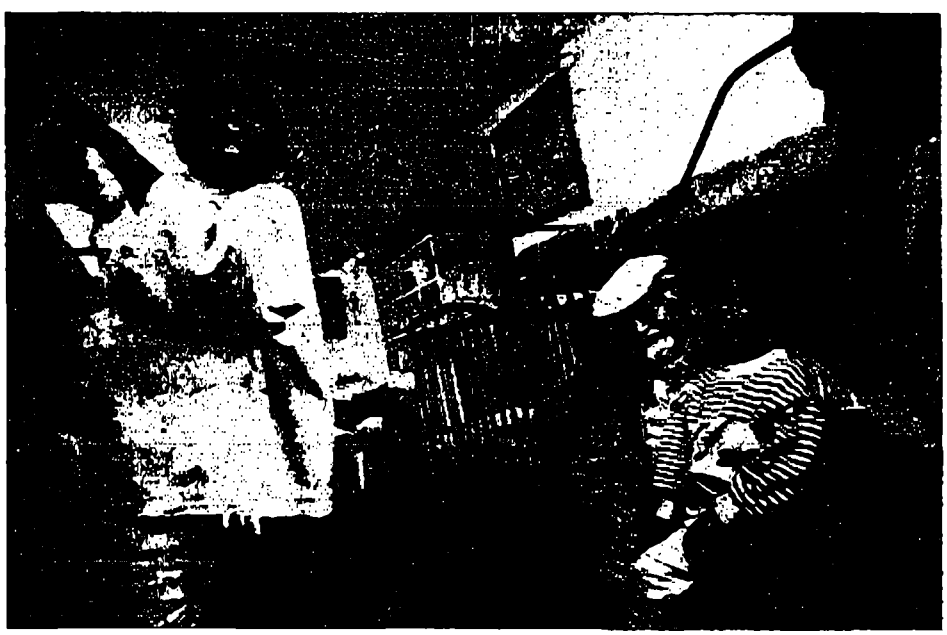
Africa is the continent worst hit by the AIDS epidemic, and it has the largest number of children whose mothers have been lost to the disease. A report recently published by the World Bank estimated that in Uganda, for example, 5 percent of children under age 14 are so-called "maternal orphans." In Kenya, the estimate is 1.8 percent.

Ostracism of AIDS patients is also a big problem in Africa. In 1992, while serving as a trustee of a Catholic orphanage in Nairobi, D'Agostino proposed that the institution make some sort of special provision for HIV-infected children. But it became obvious that the trustees wanted as little contact as possible with such children. So he quit the board and started his own orphanage.

Nyumbani, which began as a single rented house, now occupies a 2½-acre compound in a suburb of Nairobi. D'Agostino and his staff of 25—nurses, teachers, cooks, drivers, gardeners—take care of about 55 children, whose ages range from a few days to 14 years old.

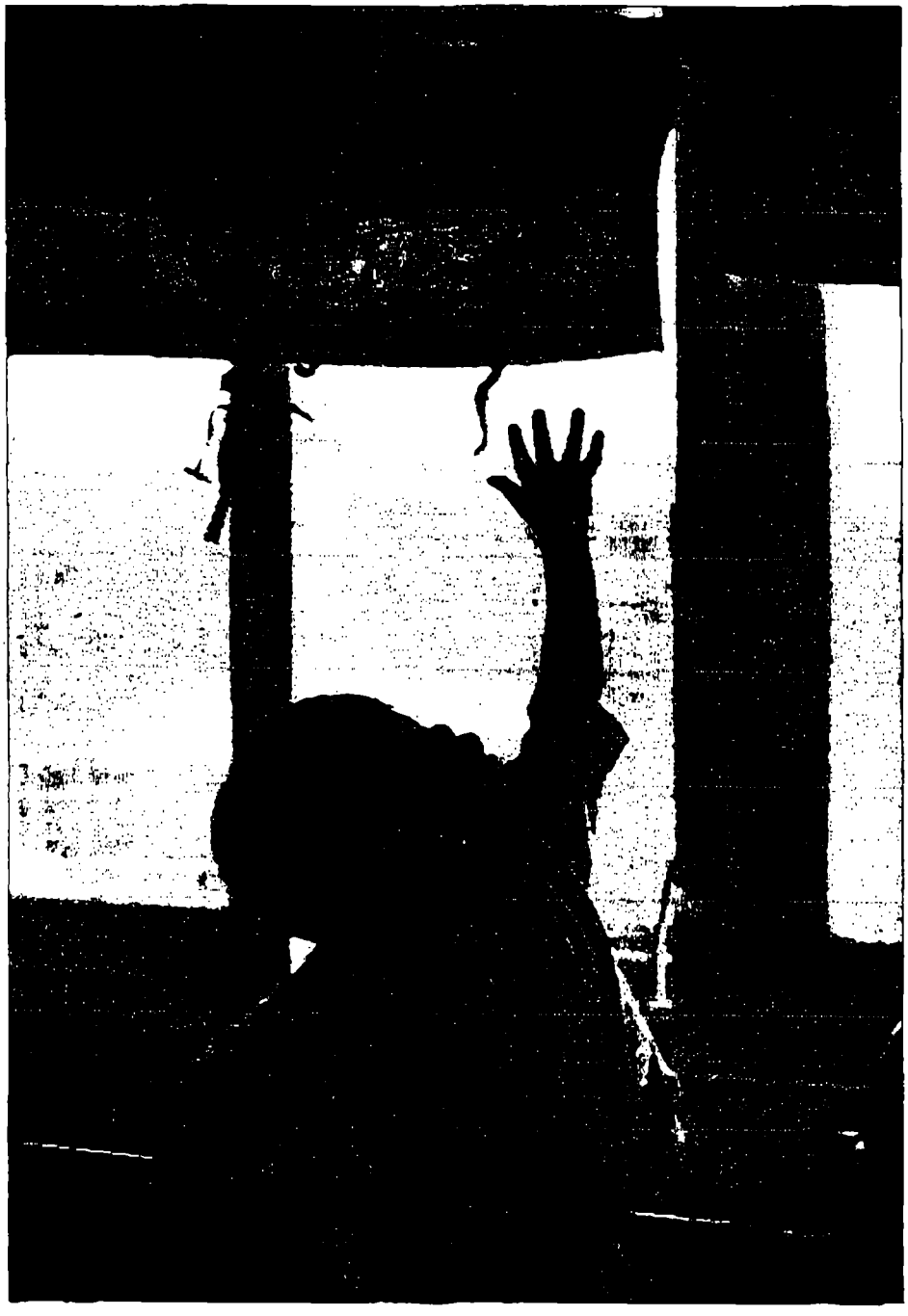
All of the children arrive testing positive for HIV. For the infants, however, the label can be misleading. That's because all babies born of infected mothers carry some of her HIV antibodies for a while—and it's antibodies, not the virus itself, that is measured in the conventional AIDS test.

Not until about six months after birth, when the maternal antibodies finally disappear, can the children



Meshak Irangu, top left, an HIV-positive 9-year-old at the Nyumbani orphanage in Nairobi, stands in the orphanage's cemetery.

The Rev. Angelo D'Agostino, a doctor and the founder of Nyumbani, plays with children in their bedroom cottage.



This child lives in Nairobi at the Nyumbani orphanage for HIV-infected children, founded by Angelo D'Agostino, a Jesuit physician.

DOCTOR-PRIEST, *From Page 14*

and his mother periodically worked in a textile mill. Together, they had four boys and two girls. Despite the father's lack of enthusiasm for the ecclesiastical world, two of the children became priests, another a Christian brother and one a nun.

Angelo, the next to youngest, went to St. Michael's College, a Catholic institution in Vermont, and then Tufts University School of Medicine. He trained as a surgeon—a urologist, specifically—in Boston, and spent the Korean War working in a military hospital outside Washington.

He was leading a relatively ordinary life as a young doctor—practicing during the day, dating and taking dancing lessons in the evening—when, one weekend, he went on a retreat led by a Jesuit priest. He says there was no conversion experience. But in the ensuing months, D'Agostino recalled, "I finally realized there was more to life than cutting up, and sewing up, people." He decided that what he really wanted was a religious vocation.

After much persuasion, the Society of Jesus permitted him to enter a center for novices in Pennsylvania after his discharge from the Air Force in 1955. There, he spent two years living a simple life of farm work and religious study. It was a world with no radios, telephones or newspapers, where the rhythm of each day was set by the ringing of bells. All conversation was in Latin except for 45 minutes after the evening meal, when English was permitted. They were, he said, "probably two of the happiest years of my life."

D'Agostino hoped he might become a medical missionary, but the priest in charge of the novice center had a different idea. He suggested that D'Agostino might better serve the church by switching to psychiatry.

"The Jesuits were always in the forefront of intellectual battles, and at the time there was a war going on between Catholicism and psychiatry," D'Agostino recalled. "The novice master thought maybe with my background in medicine I could talk to both sides. As a psychiatrist, I might be able to present to psychiatrists the validity of religious belief."

■ ■ ■

The chief conflict at the time was less between psychiatry and Catholicism than between psychoanalysis and Catholicism. The reasons for the mutual suspicion were many.

Most of the original psychoanalysts were atheists. Freud himself tended to interpret religious behavior and ritual as expressions of human need and neurosis. For their part, many Catholic theologians looked askance at the lack of free will implicit in much of Freudian psychology, as well as the emphasis on sexual drives. The conflict reached a peak in 1947, when Bishop Fulton J. Sheen, perhaps the best known Catholic priest in the country, attacked the "materialism, hedonism, infantilism and eroticism" of psychoanalysis in a sermon at St. Patrick's Cathedral in New York.

By the late 1950s, Pope Pius XII had given a limited endorsement of psychoanalysis, and certain aspects of psychoanalytic theory were being included in the training of Catholic pastoral counselors. There were organizations of Catholic psychologists and psychiatrists, as well. The rapprochement between the two belief systems, however, was still new and fragile.

D'Agostino took a residency in psychiatry at Georgetown University, and then got training as a psychoanalyst at the Washington Psychoanalytic Institute. Interspersed with this work were four more years of study for the priesthood.

He was ordained in 1966, becoming at last the hybrid the church was looking for—a member of the most scholarly order of priests and a certified practitioner of the most abstruse form of psychotherapy.

For nearly two decades, D'Agostino served the two callings. He practiced psychiatry in an office at 20th L streets NW, doing two or three hours of psychoanalytic cases each day, and filling the rest of the time with couples therapy and short-term individual psychotherapy. He was chairman of the American Psychiatric Association's committee on religion and psychiatry, started the Center for

See DOCTOR-PRIEST, *Page 19*

DOCTOR-PRIEST, *From Page 17*

Religion and Psychiatry at George Washington University, and served as an adjunct faculty member on the medical school there.

For his part, D'Agostino did not find the two belief systems at all difficult to reconcile—even on the trickiest subjects.

For nearly two decades, D'Agostino served two callings: psychiatry and the priesthood.

"I was thoroughly convinced of its [Freudian theory's] validity and usefulness," he said. "I still believe in some of the basic ideas—things like the unconscious and its structure, concepts like reaction formation and the sublimation of the sexual drive." Religion, to his mind, simply addressed other questions, other needs. "When one gets into the realm of the spiritual, you leave the psychological behind."

■ ■ ■

Things began to change again for Angelo D'Agostino after he took a trip to China in the early 1980s. A group of church officials were looking into the possibility of reopening a Jesuit-run medical school in Shanghai that had been closed after the Communist revolution. Although the plan never materialized, D'Agostino came away from it with a case of wanderlust.

In the next few years, he took two short-term positions helping establish Catholic relief services in Southeast Asia and Africa. He eventually returned to practice in Washington, but found that things were different.

"The problems that were presented to me in committees, in the medical society and in the consultation room were not as all-demanding or as needful as the problems I had seen in Africa," he recalled. "It was constantly before me—the contrast."

One person who watched D'Agostino come to terms with his doubts was the Rev. Robert F. Drinan. A former congressman from Massachusetts, Drinan was teaching at Georgetown's law school and, like D'Agostino, living at the Jesuit Community, the living quarters for Jesuit priests on the campus.

"I think every Jesuit goes through a mid-life crisis. His was just more dramatic," Drinan recalled. "He had a lot to give up, and he had high-placed friends here. But he wanted new challenges."

In 1986, D'Agostino closed his practice, quit his committees, said goodbye to his friends and returned to Africa.

■ ■ ■

Urology is a long way from psychiatry. They're both a long way from the priesthood and running an orphanage in Africa.

D'Agostino, however, finds nothing contradictory about any of his choices. They're all connected in unexpected ways in his conversation. Ask him, for example, how he could have made such a risky decision as starting his own orphanage from scratch, and he answers matter-of-factly: "My background was surgery. I was a doer."

His life, in fact, is a patchwork of shared loyalties.

Every child at Nyumbani gets religious instruction. All but those from identifiably Muslim families are baptized. D'Agostino says Mass for the children every Sunday.

Six mornings a week, D'Agostino practices psychiatry. ("As a Jesuit, I have to support myself," he notes.) Twenty dollars an hour is his top fee, and often he gets the equivalent of pocket change. No one is seen for free.

Freud, after all, never allowed that. ■

NYUMBANI NEWS

Winter 1997

Dear Friends,

It is a pleasure to write this note and visit with you from NYUMBANI. You will receive it shortly before Christmas but as I write it here in early November my mind can visualize how bright and cheery it is for all of you in your homes and neighborhoods.

If the past is any indication, Christmas Day here at NYUMBANI will be a very festive occasion with shouts of laughter and joy coming from all the children. It is a very special day to them and for all of us.

The spirit of Christmas includes selfless giving, primarily, but much gratitude as well. That an infinite and Almighty God, for no advantage (but only selfless love) gives His only Son to bring us back to Himself, is beyond comprehension. After 2000 years, that often told message is still a source of great joy.

But, as is so often the case here at NYUMBANI, we are the recipients of overwhelming generosity from so many, near and far. So it behooves us to complement the Christmas spirit by acknowledging that great kindness by extending a prayerful word of sincerest and heartfelt thanks -- which the the children and I will offer at Mass on Christmas Day. The list is too long to itemize since it would fill 2 and 3 newsletters. But, you are known to God -- and to us -- and we leave it to Him to bless and reward you for your giving to His very special 55 HIV+ orphans at NYUMBANI.

As we face the beginning of 1998, here is a capsule look at 1997. It was a good year beyond imagining: The 10 family units are complete, the Sisters' residence and the schoolhouse are finished and in use, the warehouse construction was recently completed and is serving its purpose well, the playground in the center of our campus is almost finished and all that needs to be done is the completion of the staff quarters and the finalization of landscaping the grounds.

As word of the orphanage has spread, there has been an increase in the number of children left in our care. We have had to face a subsequent increase in funds for supplies of food, medicine and staff to keep up the quality of care that is appropriate. But we enter 1998 with hope and much courage.

Two other moments stand out during the year: In January, three of my brothers and two nephews came to NYUMBANI to visit and witness the program. In October , John and Patty Noel brought a group of distinguished tourists to NYUMBANI to witness and to work. They painted, played and partied with the children and left a generous check for our program. Both of those visits were special times for the children, for me and for the staff.

As an aside, we encourage all of you to be on the lookout for a major donor who will give us the security to endow the support program of NYUMBANI. An individual or a corporation could insure the future of NYUMBANI until a cure is found and the hospice is no longer needed. Wouldn't that be a day of prayerful thanksgiving! Until then, we still require that same Christmas spirit that will inspire you and many others to assist us as we attempt to provide joy and happiness to our children who certainly need it in their short lives.

As you know, we pray daily for all of the benefactors of NYUMBANI who do the work of the Lord through their selfless support. We are peaceful in knowing that His Providence - with you as His instruments - will never fail us.

May the Peace and Joy of Christmas that is beyond any human gift be with you and yours this season and throughout the coming 1998.

Merry Christmas and Blessed New Year,
A. D'Agostino, S.J., M.D.
Founder & Medical Director

Record Breaking 1997 Fundraising Event with Mark Shields and Kathleen Matthews

Chris and Kathleen Matthews enjoy their visit with Father D'Ag.

Mark Shields dines with event attendees, Dawn Margaret Wallersted and Georgia Dalferes.

This year's annual fundraiser was the most successful ever, netting $82,041 for the orphanage. Mark Shields and Kathleen Matthews were wonderful and their continuing support is appreciated by everyone. Over 150 people gathered to hear Mark and Kathleen and show their support for NYUMBANI. Trudy Sween of Pheonix, Arizona donated her unique artwork as gifts to our special guests. A limited number of additional signed pieces are available for donors contributing over $500. Representatives from The Noel Group came from Chicago to tell the guests about the success of the "Make A Mark" trips to NYUMBANI.

I would be remiss if I did not mention the great work of the DC Board in putting together another successful benefit reception in early September while I was in the DC area. It was a huge turnout of people with a magnificent program within a festive atmosphere. The night always goes by so quickly but it was good to say hello to so many friends and supporters who were present. From what I hear, it appears that the results will be recordbreaking. Many thanks to all the organizers and participants. You know who you are.

All of us at NYUMBANI are everlastingly grateful to the Boards of Directors both here in Nairobi and in Washington, DC. Their aid, guidance, counsel and fiscal support has been the foundation for all that is being accomplished here. We value the leadership of the two board chairs: George Dalferes in DC and Ambassador Denis Afande here in Nairobi. ---

A. D'Agostino, Sj, M.D.

DONOR PROFILES:

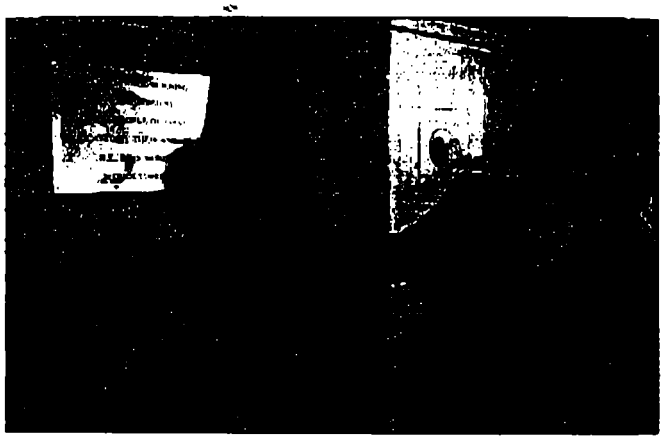
Chris Lowthian, a purser with British Airways, has been a tireless supporter of NYUMBANI encouraging others to contribute clothing, baby goods and medical supplies, as well as monetary donations. Currently, he is attempting to pool donations of the freight allowances given to British Airways crew members in order transport much needed large appliances.

A recent donor learned of the orphanage and although incarcerated at a correctional institution has offered to provide the children with his wonderful hand-drawn cartoons and despite limited resources has given a donation. He has been inspired by NYUMBANI and pledges to continue his support.

Father D'Ag appointed Representative from the Vatican at the United Nations International Conference on AIDS in Nairobi. 1997 UN AIDS Awareness Campaign is "Children Living in a World with AIDS".

Dedication of New Schoolhouse

"I believe that education is one of the essential requirements of a society and every child has the right to study."- Ambassador Horiuchi



Japanese Ambassador, Dr. Horiuchi, unveils dedication plaque.

Due to the limited understanding of the transmission of AIDS, the NYUMBANI children have been prevented from attending local public or private schools. One and a half years ago, the Japanese Ambassador, Dr. Shinsuke Horiuchi, visited NYUMBANI and saw the tent that was serving as a "School House". His subsequent response and the Grassroots Project Programme of the Japanese Government resulted in the funding and construction of a four room school building with all the amenities. On October 24th, the new school was opened with a special dedication ceremony attended by the Dr. Horiuchi, the Kenyan Board, many well wishers and friends, the NYUMBANI children and members of the press.

Gathered with the children for a commemorative photo. From left: Ambassador Denis Afande, Board Chair; Reverend Angelo D'Agostino, Founder and Medical Director; Dr. Shinsuke Horiuchi, the Japanese Ambassador; Jann Eastwood, Kenyan Board Member

One of the NYUMBANI children makes a presentation to the honored guest.

LETTER FROM THE PRESIDENT

George L.J. Dalferes, President, Board of Directors

This is my third Christmas message. Your continued and generous support is the reason for the report that 1997 was our all-time best year. The Nyumbani children will benefit from your generosity for years to come. They and Father D'Ag, as well as the board, send you a heartfelt thanks.

We are not going to rest on our laurels. After extensive discussions with Father D'Ag, I have appointed a committee to look at our structure, our by-laws and the membership of our board and our committees. I have asked them to come back with their recommendations by the end of January. The committee, called the organizational and nominating committee, will be chaired by Jack Dugan and composed of Mary Lynn Qurnell, Flore Gooch and Van Van Fleet. I have asked them to look into all matters affecting our efforts on behalf of the Nyumbani children. Please convey to the committee any suggestions to further their inquiry.

In closing, I would convey the board's best wishes for the holiday season and for 1998. We and the Nyumbani children are grateful for your support. We earnestly urge you to keep us in your thoughts and prayers.

Treasurer's Report

Joseph S. D'Agostino, Ph.D.

While 1997 is not quite over, we have had a wonderful year in terms of mounting support for NYUMBANI. Thanks to you, this have been a record-breaking year. Let me point out the highlights:

- The September 9th Benefit Event at Union Station netted $82,041.
- Our Endowment account (our goal is $1 Million) totals $267,900 -- a new high.
- This year we have sent a record grand total of $148,700 to Nyumbani for solar panels to supply hot water to the children's cottages,solar-powered night lights for compound security where no lighting existed; installation of water lines and electrical conduits to the cottages; lab equipment to test the medical condition of the children more efficiently; a 40-foot container of medicines and medical supplies for the children and the usual costs for supporting the children and staff.
- A number of donors have provided significant gifts

$10,000 - 3 donors	$2,500 - 3 donors
$8,600 - 1 donor	$2,000 - 2 donors
$5,000 - 4 donors	$1,0000 - 13 donors
$3,000 - 1 donor	$500 - 36 donors

Finally, we recorded gifts from 368 donors. This does not include many private donations made toward a single gift received from schools, colleges, parishes and missionary organizations. 368 donors gave $154,200 This is indeed a record!!

The Board expresses a heartfelt note of thanks to all of you wonderful friends in the name of the children, the Staff and Director of Nyumbani. Have a blessed New Year!

Nyumbani Orphanage is a project of The Children of God Relief Fund, Inc., a 501(c)(3) tax-exempt organization registered in the State of New York as a non-profit corporation. Employer Identification Number: 13-3615655. Contributions are tax deductible to the extent allowed by law.

NYUMBANI Orphanage c/o Rev. William L. George, S.J., Georgetown University, 302 Healy Hall, Washington, D.C. 20057
(202) 955-1360
Internet Web Page Address: http://www.nyumbani.com
Facsimile/E-Mail Address for Father D'Agostino:011-2542-718-711/NYUMBANI@USERS.AFRICAONLINE.CO.KE

THE FIRST HOSPICE FOR HIV POSITIVE ORPHANS IN KENYA

NYUMBANI

THE FIRST HOSPICE FOR HIV POSITIVE ORPHANS IN KENYA

(Kenya Cert. of Registration: NO. CA7945 - 12/11/91)

NYUMBANI came into being because of a unique present day need: the care of abandoned HIV+ children in Kenya.

The latest W.H.O. predictions are

BANI

that there will be over 2,000 orphans in Nairobi alone by 1998. Tragically, an HIV+ woman will sometimes abandon her child at birth in view of her impending demise. These infants are all HIV+ at birth, but we know that only one out four is actually infected. It is not till several months later that we can tell who that is. Meanwhile, most of them will die of simple neglect because of their HIV+ label.

When the Bible says "What you have done for these least brethren, you have done to me", it surely means the forgotten, HIV+ orphans. Your reward for helping us will certainly be from God. We ourselves have already experienced His goodness to them despite many trials and obstacles. Please help and pray for us and them.

If you care to "foster" a child of your own we will make those arrangements. Any assistance to:

Children of God Relief Institute
P.O. Box 21399, Nairobi
Office Tel: (2542) 716829/568937
Fax: (2542) 718711 Hospice Tel: 884303

Father A. D'Agostino p
some of the children and membe

AT NYUMBANI we give
best affordable nutrition,
cal and psychological loving
so that they can and do sur-
Those who do convert to nega-
are transferred to appropri-
settings and are often
ɔted. Therefore, by providing
ɔer care for a newborn HIV+
l, we are able to prevent the
consequence of neglect and,
thereby, save three of four lives.

When NYUMBANI (Swahili for "HOME") first opened in September, 1992, the rented quarters were small and crowded; later, a move to more spacious quarters was effected but much was still lacking. Currently we have our own land and some buildings and our plan is to have a small village of many cottages to give the children a family style living. Our new location is 1.5 Km beyond the Karen roundabout on Dagoretti Road.

Our current Board of Directors are: Dr. L. Bertolli, Chairman , an East African business pioneer, Mrs. F. Gerli, Ms. C. Burns, Sr. Mary Owens, Mrs. M. Towfighi, Mrs. A. Zakhem, Dr. S. Mining, Prof. D.W. Makawiti, Ambassador Dennis Afan
M. Duckworth, Dr. A. D'Ag
S.J., Founder.

Our monthly budg
approximately $5,000. O
account with the Banque In.
(Nairobi) is No. 11752-224
and the K.shilling account
11752-203-00-78.

Global Alliance

For Africa

May 3, 1999

Sandy Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy,

Enclosed is the information I promised to send you before we meet on Wednesday, May 12.

Global Alliance for Africa is a Chicago-based NGO that develops and implements long-term health care programs in remote rural areas and urban slums throughout Africa. We are one of the few organizations based in the U.S. and working in Africa that includes African nationals on its board of trustees - we are committed to involving Africans in the decision-making process that directly affects the health care of their own people.

So that you become more familiar with our organization, I have included: 1) a nursing scholarship brochure; 2) a newsletter; 3) a list of our current programs; 4) the 1999 report from our HIV/AIDS program; 5) our 1999 strategic plan; and 6) a copy of our 501(c)3 tax-exempt letter from the IRS. This material should give you a good working knowledge of Global Alliance and its activities in the U.S. and Africa.

What we are most interested in speaking with you about is our Leatoto Community-Based Foster Care and Extended Family Care Program located in Nairobi, Kenya. This program, developed and implemented in close collaboration with Nyumbani Hospice, was the first of its kind in Kenya when implemented in January of 1998. The program gathers abandoned HIV+ infants and AIDS children, and places them in foster care homes. As of December 1998, the program had placed approximately 70 children, with 7 of the children turning from postive to negative status, thus saving those lives when they would otherwise have been abandoned and most likely have died of neglect or exposure. By the end of this year, plans are to expand the program to include over 100 children. We have also developed a series of workshops within the program for the foster care families of these children and for pregnant women. This is an aspect of the program we would like to develop and expand.

My colleague, Victoria Drake, and I look forward to meeting you on May 12.

Sincerely,

Thomas Derdak, Ph.D.
Executive Director

122 South DesPlaines Street, Chicago, Illinois 60661 USA
Tel: 312-382-0607 Fax: 312-906-9930
website: www.GlobalAllianceAfrica.org email: director@GlobalAllianceAfrica.org

GLOBAL ALLIANCE FOR AFRICA

Largest Program to Date:

A program to develop foster care homes for abandoned HIV+ newborn infants in and around Nairobi, Kenya. Since over half of the infants revert to a negative status once the antibodies of the mother disappear, this program will give those children who would otherwise be abandoned and die of neglect a second chance at life. The only program of its kind in East Africa, the goal is to place 120 infants within foster care family homes over a three year period.

Biggest Funders:

Ronald McDonald House Charities; ServiceMaster Corporation

Volunteer Opportunities:

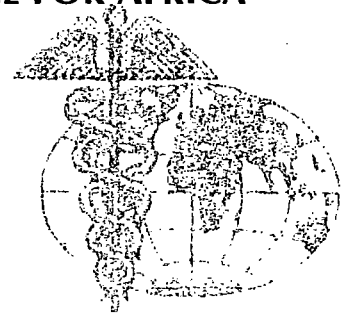
Global Alliance needs volunteers to help with fundraising, marketing, partnership development, special events planning, and database input.

What Makes Global Alliance Unique:

One of the few organizations based in the U.S. and working in Africa that includes African nationals on its Board of Trustees, Global Alliance is committed to involving Africans in the decision-making process that directly affects the health and welfare of their own people.

122 South Desplaines Street
Chicago, IL 60661
312.382.0607
(fax) 312.906.9930

GLOBAL ALLIANCE FOR AFRICA



Mission Statement:

Global Alliance for Africa is a not-for-profit organization that promotes community-based health care development programs for impoverished people living in remote rural areas and urban slums throughout Africa. Formed by a diverse group of professionals from England, Iran, Kenya, Liberia, Mexico, Uganda and the United States, Global Alliance works with local partner agencies and focuses on regions in Africa that lack adequate medical care due to poverty, isolation, lack of education, and the unequal distribution of health care services. By promoting self-sustaining, long-term development programs, Global Alliance encourages self-reliance, independence, and the ability of Africans to ensure for themselves an improved quality of life.

Goal:

To improve health care for the poorest of the poor.

Priority Countries:

Cameroon, Kenya, Liberia, Nigeria, Uganda

Activities:

Global Alliance develops and supports many kinds of health care programs, including primary health care programs; infrastructure development programs (such as nursing scholarships, reconstruction of a children's hospital ward, clean water and sanitation programs, medical equipment repair and maintenance training programs); disease specific programs such as leprosy control, cholera prevention, and AIDS education; and specific initiatives for women and children.

PROGRAM

6:00pm - Registration

6:00-8:00pm - cocktails & hors d'oeuvres

7:00pm - Welcome and Introduction
Dr. Joe Mejia, Vice President
Global Alliance Board of Trustees

Remarks
Hayelom Ayele, President
African Institute For Education and Development, Inc.

Donna Gonzales, Kathy Lamar, and Jodi Sanchez
Ronald McDonald House Charities

Thomas Derdak, Executive Director
Global Alliance for Africa

Raffle
Victoria Drake, Program Director
Global Alliance for Africa

Global Alliance for Africa Board of Trustees

Anastacia Agora (Kenya), Rev. Robert Binta (Uganda), Joan Boman (USA), Dr. Horatio Browne (Liberia), Dr. Job Bwayo (Kenya), Martha Esquivel (USA)(Mexico*), Charles Jansen (USA), Dr. Joseph Mejia (USA) (Costa Rica*), Dr. Kaveh Safavi (USA) (Iran*), Darren Streff (USA), Roger Swiss (USA), Oliver Williams, C.S.C. (USA), Sir Gordon Wolstenholme, M.D., (UK), Thomas Wren, Ph.D. (USA), Thomas Derdak (USA)
(*Country of Origin)

The Board of Trustees wishes to express its sincere gratitude to those who generously provided donations for the raffle:

African Institute for Education and Development, Inc.
Leslie Brissette
Cassona, 5551 N. Broadway
Ascha Drake
Emmanual Zay Jewelry Designs, 1 E. Delaware
Global Village, 5127 N. Clark St.
David Jansheski
Anstiss Krueck, Krueck and Sexton Architects
Don Ontiveros
Rubinelli, Inc., 5845 W. 31st St., Cicero, IL
South & West, 5358 N. Broadway
Women and Children First Bookstore, 5233 N. Clark St.

And special thanks to:

Christine Brabender, Cyrano Creative Consulting, for the effective public relations strategy
Suzette Bross, photography
Sarah Connor, for her encouragement
Dennis Rodman's *Illusions*
Victoria Drake, without whom this event would not have succeeded
Bill Gaines, for his wisdom and counsel
Al Gustafson, for his unwavering support
all the folks at Knowledge University
Loyola University Chicago student volunteers
the staff and people at Old St. Pat's Church
Ronald McDonald House Charities, for their belief in the program for abandoned HIV+ infants in Kenya
ServiceMaster Corporation, for our first grant
South Shore Bank

Music provided by:

Charles Cameron and the Sunshine Band

Trustee News

After seven years of civil war, Trustee *Dr. Horatio Browne* is returning to Monrovia, Liberia this August to resume his work as an orthopedic surgeon....Trustee *Thomas Wren, Ph.D.*, Professor of Philosophy at Loyola University Chicago, spent July teaching a course on The Philosophy of Cultural Relativism in Rome.... The board of trustees welcomes its newest member, *Roger Swiss*, a financial consultant....Trustee *Kaveh Safavi*, M.D., Vice President Medical Affairs at United HealthCare of Illinois, regularly appears on WBBM Channel 2 News at 10:00pm. to discuss a wide range of health care related topics with Dr. Michael Breen.

How You Can Make A Difference

$25.00 provides educational materials for five impoverished women to attend a cholera prevention program

$50.00 per month provides food, clothing, medicine, and regular medical treatment for one abandoned HIV+ infant in Nairobi, Kenya

$200.00 enables a young African woman to attend nursing school for one year

One of Global Alliance's largest projects is **the reconstruction of a 30-bed children's ward** that was destroyed in an earthquake in Uganda. Total cost for the project is *$100,000.* Please contact us if you would like to make a donation to this worthy cause.

Mission Statement

Global Alliance for Africa develops long-term, sustainable, community-based health care programs for impoverished people living in urban slums and remote rural areas throughout Africa. *Find out what makes us unique!*

For more information contact:

Global Alliance for Africa
122 South DesPlaines Street
Chicago, IL 60661 USA
Tel: 312.382.0607
Fax: 312. 906. 9930
Or visit our website at:
www.GlobalAllianceAfrica.org

Global Alliance is a 501(c)3 tax-exempt organization. All contributions are tax deductible.

GLOBAL ALLIANCE FOR AFRICA

Global Alliance for Africa
122 South DesPlaines Street
Chicago, IL 60661 USA

Inside This Issue

❖GLOBAL ALLIANCE FOR AFRICA❖

Volume 1 Issue 1 Summer 1998

Foster Care Program for HIV+ Infants Begins in Kenya

Global Alliance for Africa has established a unique partnership with Nyumbani Hospice, a well-known children's hospice founded by Fr. Angelo D'Agostino in Nairobi, Kenya, to collect abandoned HIV+ infants and develop a network of foster care homes for their care in and around the nation's capital.

Designed as a three-year program, Global Alliance and Nyumbani will identify middle class and upper middle class families from a group of Christian churches and other denominations that belong to the Kenya Christian AIDS Network (Kenya CAN), and then place HIV+ infants with these families. By the end of the third year, a total of 120 children will be living in extended care homes. The program has been funded by a generous grant from Ronald McDonald House Charities.

The tragedy is that many HIV+ mothers assume, regrettably, that their children will not live, so they often abandon the child either at the maternity hospital, at churches, or on the sides of roads. Yet two out of every three children test negative after 15 to 18 months - the period of time it takes for the mother's antibodies to clear from the infant's bloodstream. Still, returning those children who prove to be HIV- to their families has proved virtually impossible due to fear and prejudice, and misunderstanding about HIV and AIDS.

The Foster Care Program provides those children who revert to HIV- a second chance at life.

The World Health Organization has predicted over 3,000 HIV+ abandoned infants in Kenya by the end of 1998. Please contact us if you would like to help.

Inside This Issue

Global Alliance Moves Office

The Board of Trustees at the Foundation has decided to move the administrative office of Global Alliance. The new location for the office is at 122 South DesPlaines Street, Chicago, IL 60661.

Situated just 4 blocks west of Chicago's Loop, the 3rd Floor office is part of a building leased to non-for-profit organizations by Old St. Pat's Catholic Church. Church officials have made the offer of office space and facilities to Global Alliance as part of their commitment to assisting not-for-profit organizations in the Chicago area.

In addition to an office, Global Alliance will have access to both small and large conference rooms, an extensive and recently renovated reception area, and additional space for the possible expansion of its administrative operations.

Since the Autumn of 1995, Global Alliance has been situated at 645 N. Michigan Ave. With the increasing activities of the Foundation, however, and the growing number of programs, the Board of Trustees thought it timely and appropriate to relocate the office.

Visitors are welcome to stop by the new office anytime for a cup of coffee and conversation.

A Letter From The Executive Director

Since I began developing health care programs in Africa, I have come to admire the strength, ability, and tenacity of its common people. During my most recent trip I met Sr. Anne, the head of a Catholic girl's school in Western Kenya, who received a donation of $2000 for the improvement of her school. Well aware of the dire need for more food in nearby villages, however, she asked the donor and the Bishop of her Diocese if she could use the money instead to form an agricultural co-operative for women in the surrounding community. With the Bishop's and donor's approval she did just that, and now women are providing a more balanced diet for their families.

While in Liberia, I met William Karmo, an agro-engineering expert, himself a Liberian, who had volunteered his time and expertise to train blind people who had formed their own association how to plant and harvest crops like cassava and swamp rice. Watching Mr. Karmo patiently teach his blind countrymen and women to become more self-sufficient was one of the most inspiring scenes I have ever witnessed.

These are the kind of people that deserve humanitarian support, and their example should put to rest a myth in America that Africans do not help one another. It is good the American press has rediscovered what is most valuable in Africa, namely, the resilience, courage, and talent of its people - though individuals like Sr. Anne and William Karmo have been there all along - as anyone who has worked in Africa will tell you.

Thus the real story of Africa is the story of its common people. And if this is true, then we must realize that free market economies and developing democracies brought about by agreements between governments - although important - are not a panacea for illiteracy, inadequate health care, a lack of clean and safe water, poor nutrition, or the spread of AIDS that is ubiquitous in Africa, and it would be a mistake for us to assume so. This is precisely where a humanitarian agency enters the stage and can play a vital role.

In order to develop effective health care programs, Global Alliance is committed to collaborating with Africans at the grassroots level, involving them in the decision-making process, and learning from them what is appropriate intervention and what is not. Come help us make a difference in Africa.

- Thomas Derdak, Ph.D.

William Karmo helping his Liberian countrymen and women to become self-sufficient.

Sr. Anne at the door of the Lwak Girls' High School Library near Kisumu, Kenya.

Nurses Scholarship Program Starts In Uganda

Nurses enjoying a break from their studies at Virika School of Nursing, Fort Portal, Uganda

How can you provide an educational opportunity in the health care sector for young African women? By donating to Global Alliance's Nurses Scholarship Program. The scholarship enables a young woman to attend a school of nursing in Africa and graduate with a degree in nursing. Tuition, room and board, school supplies, and a small stipend to visit their families are included in the annual $200.00 scholarship.

One of the main obstacles to development in Africa is the lack of adequate investment in the abilities of African women. The Nurses Scholarship Program seeks to overcome this obstacle by providing young women with the educational opportunity to begin a career in nursing. Global Alliance is working closely with school officials, hospital administrators, and other organizations to identify talented and deserving candidates for the scholarships. Upon graduation, a Nurses Scholar agrees to practice nursing for two years in an area where medical personnel are needed most.

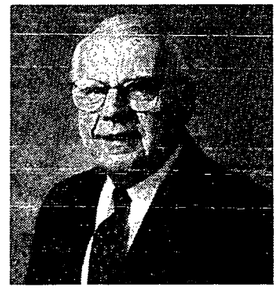
Today in Africa there is a severe shortage of nurses and, without the scholarship program, many women would not have the opportunity to attend nursing school. In Uganda, for instance, the annual income for a family of four is approximately $280.00, making it nearly impossible for a family to send a daughter to nursing school.

Providing assistance to young women who want to become nurses is a priority with the board of trustees at Global Alliance. Rather than bringing students to the United States for their training, however, Global Alliance arranges funding for students to learn nursing methods and techniques of diagnosis, assessment, and treatment within the context of tropical health care as practiced in Africa.

"One of the main obstacles to development in Africa is the lack of adequate investment in the abilities of African women."

The Nurses Scholarship Program has already begun at Virika Catholic Hospital School of Nursing in Fort Portal, Uganda, a remote rural town located near the western border of the country. Other Nurses Scholarship Programs will soon begin in Liberia, Nigeria, and Cameroon.

Someone You Should Know



Charles "Chuck" P. Jansen is one of the founding Trustees of Global Alliance For Africa. Currently the President of Audrain Medical Center, a 200-bed hospital located in Mexico, Missouri, Chuck spent nearly 12 years in Nigeria working as a hospital administrator. Fluent in the Tiv language, which is spoken by nearly 2 million people in south central Nigeria, Chuck was the first hospital administrator of Mkar Christian Hospital, and was instrumental in establishing the Central Christian Pharmacy which imports, manufactures, and distributes drugs for ten hospitals in the country. With broad experience in fund raising and organizational development, Chuck is one of the moving forces behind the humanitarian work of Global Alliance, and has arranged for the Foundation to receive a three-year operating grant from ServiceMaster Corporation.

Bon Mot

"In every child who is born, under no matter what circumstances, and of no matter what parents, the potentiality of the human race is born again." - James Agee

Rodman's nightclub closes on serious note

Final performance: A benefit for Africa

By Jon Anderson
TRIBUNE STAFF WRITER

Curiously, the star of the last party to be held at Dennis Rodman's nightclub Illusions on West Ontario Street was Thomas Derdak, a philosophy professor at Loyola University Chicago.

It wasn't what one would call a typical Swinging-Dennis evening.

Rather, much of the talk, around a buffet table and a dance band playing African rhythms, was specific, thoughtful and medical, concerned with problems half a world away.

"We're not trying to change the world, but we can affect the lives of individuals, one by one," said Derdak, settling into a booth to chat during a fundraiser that drew patrons from the Gold Coast, local Africanists, former Peace Corps volunteers and a number of doctors.

The club is now folded, a victim of the NBA lockout, the dwindling interest of fans—and Rodman's flight from Chicago for late-night hullabaloo on the West Coast.

But from the club's last hurrah Wednesday night, a Chicago group called Global Alliance for Africa hoped to raise $10,000, to offer aid to rural villages of Africa, which, with current strife, lack even elemental health care.

"It's one of the most wonderful, and most distressed areas, on the globe," said Derdak, talking of trips he has made to the shores of Lake Victoria in Kenya, remote regions of Cameroon and the Ruwenzori Mountains in western Uganda.

"Our idea essentially is to fund those kind of programs that fall through the cracks or that large organizations aren't interested in," he said, speaking of activities that the alliance has been pushing, to offer training in preventive medicine, health care and nursing.

Tribune photo by Heather Stone

Loyola professor Thomas Derdak (left) chats with Harry J. Carter III, executive director of the Committee to Help African American Men Progress Society, and his wife, Danita Carter, at the Illusions benefit.

City watch

"In many of these countries, especially in the countryside, the medical infrastructure is simply gone," he said. With wars, revolutions and other unrest, "it's anarchy. The doctors have fled. The essential supplies and medical personnel are just not there."

Nor has the U.S. government been overly eager to help since pulling out of Somalia in 1995 after the loss of 42 American troops, mostly in encounters with rebel militia units.

"It's time," said Derdak, in a theme that was taken up by others at the benefit, "for private citizens to understand that we just can't leave these people on their own." Along with considerable volunteer help, the Global Alliance for Africa has a 1998 budget of $100,000.

It hopes, with corporate contributions and foundation grants, to double the sum in 1999.

"I like to be called Dr. Joe," said Dr. Joseph Mejia, an ophthalmologist who started traveling to Africa in 1978, offering free surgery in Biafra, a breakaway province of Nigeria. Since then, Mejia has gone to Africa for two weeks every other year, making a point each time to reach out to different areas, places where the practices of western medicine are unknown.

"Oh, incredible," Mejia added, speaking of eye disorders he has encountered while working at remote clinics. Doing up to 27 operations a day, he has handled not only common afflictions, such as cataracts and glaucoma, but also a peculiar African malady, pterygium. Brought on by exposure to solar radiation, it causes a skin growth over the cornea, he noted.

Other doctors at the gathering reported on their own medical adventures in Africa, pitching in on a volunteer basis to help with everything from snake bites to skin grafts.

"What the Global Alliance wants to do in Africa is to help people help their own people," noted Victoria Drake, an alliance staffer and one of the benefit organizers.

This year, the alliance, which has about 400 members, has helped with a scholarship program that enables young African women to attend nursing schools in Uganda, Nigeria, Liberia and Cameroon. Another program placed in foster homes 40 children, abandoned by mothers who are HIV positive. A third venture assists children with disabilities in northwest Kenya.

"We want to show that people in Chicago are interested in remote areas that we will never see and in people we will never meet," said Drake, mingling in a crowd that included architect John Holabird; industrial designer Diana Franck; Rev. Kevin Ugoamadi, a Catholic priest from southeast Nigeria; Kathleen O'Donnell, once a Peace Corps volunteer on the Ivory Coast, and Hayelom Ayele, the head of the African Institute for Education and Development.

So, how did the guests come to have the last boogie night at Dennis Rodman's? He was out of town, in Los Angeles.

"This has been another adventure for me," said Mejia who, with others, was a partner with Rodman in the two-story club which resembled a turn-of-the-century mansion, with a dining room downstairs and a lounge with a dance floor and comfy chairs up a winding staircase.

"It was fun," Mejia said, of the club's one-year run. "This was a nice way to end it."

GLOBAL ALLIANCE FOR AFRICA
List of Current Programs
March 1999

1. Leatoto Community-Based Program for HIV+ Infants and Children

Location: Nairobi, Kenya
African Partner Agency: Nyumbani Hospice
Purpose: To gather abandoned infants and infected children and place them in foster care homes or extended family-care situations.
Impact: Approximately 110 children are presently in the program (with plans to expand).
Cost: $50,000.00 over three years
This program was the first of its kind in Kenya.

2. Nurses Scholarship Program

Location: Liberia, Nigeria, Uganda
African Partner Agencies: National Health Workers of Liberia, School of Nursing at Virika Catholic Hospital, Holy Rosary Hospital School of Nursing
Purpose: To provide scholarships for young women to attend nursing school in Africa.
Impact: 7 scholarships granted, with plans to fund 8 more by the 1st of May 1999
Cost: $200.00 per year for three years for one student
This program will soon expand to Cameroon, Cote d'Ivoire, Ethiopia, and Zambia.

3. Malnutrition Prevention Program

Location: Near Asembo Bay, Western Kenya, on the shores of Lake Victoria
African Partner Agency: Lwak Homecraft Training Institute
Purpose: To identify women whose infants and children are suffering from malnutrition, educate them about proper nutrition for their children, and then train them to grow agricultural produce more effectively.
Impact: 50 women already educated within the program.
Cost: $500.00
A proposal to expand this program is available for review.

4. Disabled Children's Scholarship Program

Location: Kapenguria, Kenya
African Partner Agency: Disabilities Awareness Mission (DAM)
Purpose: To provide scholarships for disabled children to attend primary school in northwestern Kenya.
Impact: 5 children attending primary school.
Cost: $300.00 for all 5 children for one year.
Global Alliance intends to increase the number of educational scholarships to disabled children.

5. Saola Health & Maternity Clinic Project

Location: Kibera slum, one of the largest slums in Nairobi, Kenya
African Partner Agency: Saola Health and Maternity Clinic
Purpose: To supply a generator for electricity.
Cost: $1500.00
Impact: Saola Clinic treats about 200 pregnant women per month.
One of the worst slums in the world, Global Alliance is committed to providing more assistance to the women living in the slums of Kibera.

6. AIDS Orphans Program

Location: Addis Abbaba, Ethiopia
European Partner Agency: Wereldkinderen, The Hague, Netherlands
Purpose: To provide care for children whose parents have died of AIDS and who might be HIV+ themselves.
Impact: Over 25 infants and children cared for.
Cost: $500.00
Global Alliance and Wereldkinderen have formed a partnership and will collaborate on expanding programs in Ethiopia.

7. Rural Womens' Development Program

Location: Around Asembo Bay, Lwak, and Kisumu, near the shores of Lake Victoria in Western Kenya
African Partner Groups: Adiera Women's Group, Abindu Women's Group, Wananeye Women's Group, Roko Women's Group, Okandu Women's Group, Lwak Widows Group, Agutu Women's Group, Koracha Women's Group.
Purpose: To organize groups of women into self-sustaining agricultural and livestock co-operatives (based on the Bamako model used in West Africa), and to increase awareness regarding primary health care issues (such as nutrition, sanitation, hygiene, pre and post-natal care) among the women.
Impact: Approximately 150 women are members of the above groups.
Cost: The amount needed for traveling expenses to visit the groups.
Global Alliance intends to establish a revolving loan program of $3,500.00 to assist the groups.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 15 1997

GLOBAL ALLIANCE FOR AFRICA
645 N MICHIGAN AVE STE 900
CHICAGO, IL 60611

Employer Identification Number:
36-4083547
DLN:
17053045009007
Contact Person:
D. A. DOWNING
Contact Telephone Number:
(513) 241-5199
Accounting Period Ending:
Dec. 31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
June 22, 1996
Advance Ruling Period Ends:
Dec. 31, 2000
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

GLOBAL ALLIANCE FOR AFRICA

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally $25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of $10 a day when a return is filed late, unless there is reasonable

cause for the delay. However, the maximum penalty we charge cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If you distribute funds to individuals, you should keep case histories showing the recipients' names, addresses, purposes of awards, manner of selection, and relationship (if any) to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

Since you have not indicated that you intend to finance your activities with the proceeds of tax exempt bond financing, in this letter, we have not determined the effect of such financing on your tax exempt status.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

GLOBAL ALLIANCE FOR AFRICA

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

Enclosure(s):
Form 872-C

Form **872-C**

(Rev. July 1993)

Department of the Treasury
Internal Revenue Service

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

(See instructions on reverse side.)

OMB No. 1545-0056

To be used with Form 1023. Submit in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Global Alliance for Africa
(Exact legal name of organization as shown in organizing document)

645 N. Michigan Ave., Suite 800
Chicago, IL 60611
(Number, street, city or town, state, and ZIP code)

and the District Director of Internal Revenue, or Assistant Commissioner (Employee Plans and Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

X Ending date of first tax year Dec. 31, 1996
(Month, day, and year)

Name of organization (as shown in organizing document)	Date
XX Global Alliance For Africa	X Apr 22, 1997
Officer or trustee having authority to sign	X
XX Signature ▶ Thomas Dodds	Title ▶ Executive Direct / Interim Chair of Boar
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date
	MAY 15 1997
By ▶	

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.

Cat. No. 16905O