



**UUGAC**  
Unitarian  
Universalist  
Global AIDS  
Coalition

Supporter,

Unitarian Universalists united to journey with those impacted by HIV/AIDS. We travel as advocates and educators. We look for partnership. We move with compassion and respect in a multicultural world.

This newsletter is our main communications tool in our effort to reach out to UU's and encourage them to join our efforts to address global AIDS issues. We ask that everyone receiving it help us by sharing it with their congregation and youth group. This is a simple but effective way to be involved in making a difference, so please help us get out the word! Check out our website: [www.uuglobalaids.org](http://www.uuglobalaids.org)

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## **WORKING TO END AIDS: OUR JOURNEY CONTINUES**

This is a time of extremes. It is a time of optimism and rejoicing as we welcome a new administration and a president with a unique ability to articulate a vision of the world as we would like it to be. But it is also a time of struggle as we address the impact of multiplying layoffs, chaos in the financial markets, and the resulting temptation to turn inwards and focus on those who need help in our own communities.

But it is especially now that we are needed, especially as a voice on behalf of those in less developed countries, most of who struggle with extreme poverty in addition to infection with the virus. In the words of our mission statement, "We are united to journey with those impacted by HIV/AIDS." Please walk with us on our continuing journey as we address the growing number of new infections with effective prevention strategies, with treatment to prevent infection of newborns, with treatment for those already infected and with care for the sick and for orphans and vulnerable children.

Here at UUGAC the journey includes new leadership and new ways to reach out to UU's with our message. We are thrilled that in July Carla Feldhammer, of the Carbondale UU Fellowship, will take over as chair of UUGAC. Carla is already well known to many of you from her work in Zambia and her connection with the UU Women's Federation. She has played a key role in helping develop our vision of the role that UU's should play in addressing HIV and AIDS. Her combination of compassion and leadership will ensure that we speak out and that our voice is heard.

We are also especially fortunate that Terry Cushman of the All Souls Kansas City congregation is taking over maintenance of our mailing list and the editing of our newsletter. He will be helping us keep in contact with UU's around the globe and at the same time making our message more easily accessible.

Welcome Terry, and congratulations to Carla!

## **JUNEAU, ALASKA IS OUR NEWEST RED RIBBON CONGREGATION!**

UUGAC is proud to recognize and congratulate the Juneau, Alaska UU Fellowship as our newest Red Ribbon Congregation. Not only do they show that our most remote state can be involved in working on behalf of those in far corners of the world, they also model how a small fellowship can play a leadership role in their community. Here are some of their activities:

- They hold an annual World AIDS Day service, which ties their congregation to local and global HIV/AIDS efforts.

- Rather than develop their own service project, each year they host Dick Adams of Zimbabwe Artists Project for an exhibit and sale of artwork which benefits the mostly women artists in a rural area out side Harare, Zimbabwe.

- They are talking about ways of developing partnerships with agencies in Zimbabwe and congregation members with experience in Kenya as ways to offer work trips to Africa.

- In a creative twist they are also bringing ZAP back in the summer for a joint effort with local quilting clubs when a "Quilters Cruise" comes to Juneau during tourist season when Juneau's population swells with thousands of cruise passengers.

- At the local level they are planning to use their church building as a site for free testing, and also to advocate at the state capitol, conveniently situated across the street, for adequate funding of prevention and treatment.

Thanks to Madeleine Lefebvre, co-founder of UUGAC, for taking the lead to make all of this happen.

## **REPORT FROM PRESIDENT SINKFORD'S PILGRIMAGE TO AFRICA**

In November 2008 UUA President Bill Sinkford accompanied by his wife and UUA staff Rev. Eric Cherry, director of the Office of International Resources, and Paula Cole Jones, management consultant and staff for the UUA JUUST Change Program, made a major pilgrimage to Africa. They met UU's from African congregations and shared a deepened understanding of their challenges and what they have to teach us. Here are some excerpts from logs written by trip members.

**HIV/AIDS CONTEXTS DURING THE PILGRIMAGE.** Eric Cherry described their meeting with service organizations and the context in which prevention strategies are implemented. They were told that the official Ghanaian operating philosophy teaches abstinence only as a prevention strategy in school curriculum, as a result of what were described as cultural and religious constraints. On the other hand they were assured that "Being faithful" and "Condomizing" are taught through peer education programs. In South Africa they also heard from organizations with a focus on abstinence because of donor requirements. In Uganda on the other hand, Rev. Mark Kiyimba who leads the congregation in Kampala, is planning to expand an HIV/AIDS strategy that is not limited by either Abstinence only or the ABC philosophy.

**CARING FOR HIV/AIDS ORPHANS.** Paula Cole Jones wrote about their visit to the 15 children cared for in an orphanage run by Rev. Mark "Everything is sparse. No running water. No tables, chairs or dresser drawers....The name of the school is Ugandan for grandparent because when parents die children are taken in by grandparents. But these

children had no one to take them in. (Rev. Mark) is known as "pastor" by the community. The orphans are referred to him because people believe that he will know what to do. I was glad that we were away from the group because I couldn't hold back the tears."

And on the visit to Ghana they visited the "Every Child is our Child" project run by the UU United Nations Office. This ongoing project ensures that AIDS orphans receive education and health care, and it is suggested as a "straightforward way for American UU's to do something effective in response to the pandemic."

**BROTHERS AND SISTERS.** In a fascinating description of a service in Kenya President Sinkford says: "For Kenyan UU's our faith is about action. They cannot imagine a faith which proclaims our principles that does not work to alleviate poverty, provide education, care for the orphans...and neither can I."

"We in the US have known for some time that that the theology, the liturgy....what UUism looks and feels like in other cultures is often very different from the expression of faith in our congregations. We can be and are becoming a "faith without borders". Thank you to President Sinkford for saying so well what our Coalition is all about, and for helping us recognize what it means to "move with compassion and respect in a multicultural world."

(Go to " International News from the UUA" on the UUA website for a full report on this remarkable journey.)

## **MAKING A DIFFERENCE**

*This section of the newsletter traditionally spotlights the work of congregations on service projects abroad, often in Africa. There is amazing work going on and we want to share it with others.*

### **COMMUNITIES WITHOUT BORDERS**

Two of our Red Ribbon Congregations, Lexington and Newton, are members of Communities Without Borders which partners with community organizations in Zambia to support the education of AIDS orphans. They would be delighted to hear from other congregations interested in supporting this work. (See list of Red Ribbon Congregations at the end of this newsletter.)

Here are reports by two of the thirty two volunteers who traveled to Zambia this summer.

"When we first entered the gates into the Chawama Community Pre-School a crowd of children surrounded us, reaching out their hands to grab ours and welcome us. This

school which enrolls more than 200 children was where I taught for the next week. Most of their parents have died of HIV/AIDS.

..." For a week these children wore the same outfit to school each day. While some had malnutrition, others also had diseases that needed treatment. They were the happiest children I have ever met and were so eager to learn. Yet they had barely anything. ..."  
Michele Kaufman

"I spent several days at various community schools helping children learn their BC's. Although we'd traveled with extra suitcases filled with books, paper, crayons, toys etc, we were warned not to overwhelm the kids with too much. It was a pleasure and a pain to see the children's faces light up when given a piece of paper and a crayon. And how eager they were to show us their pictures" Ros Winsor. (Editor's note: Ros provided more than 40 women with glasses. Many of them struggle to see the tiny beads that they string and the glasses make it possible for them to do their work. Without the necklaces and bracelets that they craft they would have no income for food and clothing both for themselves and for the children for whom they are caretakers.)

#### CLOSING THE GAPS: AIDS, DISABILITY AND REHABILITATION IN CAMEROON

I am a member of the Neighborhood Unitarian Universalist Congregation (NUUC) in Toronto, Canada). Several years ago I went to Bamenda, Cameroon with a friend and since then we have become involved in a number of education and research initiatives in that area. Now our work involves many Canadians and Cameroonians from diverse walks of life and faith backgrounds.

I am an occupational therapist, educator, and researcher, so much of our work relates to health and rehabilitation. People with disabilities in many parts of the world, including in Africa, have not been well included in AIDS initiatives. Rehabilitation is often not seen as part of the AIDS response, even though there is a lot that a rehab service can provide to people living AIDS. For example, mobility, sensory, neurological, and cognitive impairments limit access to education, testing, treatment, and reduce quality of life. How do you learn about AIDS if you can't see the billboards or hear the radio programs, or if you are excluded from participating in educational and social events? We are working to close these gaps - to improve access to rehabilitation services for anyone who needs them, to advocate for the inclusion of people with disabilities in AIDS, and for people with disabilities to become more aware of HIV. The new Bamenda Coordinating Centre for Studies in Disability and Rehabilitation is working to ensure that AIDS work is connected to disability and rehabilitation work. The NUUC has become a member in the Bamenda Coordinating Centre as a gesture of support.

Over this time, working with people with disabilities and with social service and health care providers in the North West region of Cameroon, I have heard many stories, both heart-wrenching and heart-warming. My UU principles and community have guided me along the way as I have learned what I can contribute, how much I can learn, and how

to keep going when things seem to be overwhelming. As a UU, I have been reminded over and over again of how important it is to truly value the worth and dignity of every person, and how we are all connected. And as our AIDS and rehabilitation work continues to grow and develop, I hope that more UUs will become involved. UUs have much in common with, and can learn from, indigenous African beliefs and values; our open spiritual perspectives can also have a significant positive impact on AIDS and health work in Africa.

Lynn Cockburn, Neighborhood Congregation in Toronto, Canada Email  
lynn.cockburn@sympatico.ca

More information and memberships in the Bamenda Coordinating Centre for Studies in Disability and Rehabilitation are available by contacting Julius Wango,  
jukwaj@yahoo.com or bccsdr@yahoo.ca

The Africa Campaign on Disability and HIV & AIDS <http://www.africacampaign.info>

## **A Global Perspective: "AIDS in Africa and Us"**

Founded in 1999, the Foundation for Hospices in Sub-Saharan Africa supports organizations in their development and provision of hospice and palliative care in sub-Saharan Africa. The Hospice of Southern Illinois entered this partnership with Ranchod Hospice and our Fellowship did as well.

The World Health Organization (WHO) defines Palliative Care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." It:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- will enhance quality of life, and may also positively influence the course of illness

What is Home-Based Care?

The World Health Organization defines home care as "the provision of health services by formal and informal caregivers in the home. Such care includes physical, psychosocial, palliative and spiritual activities." WHO goes on to say that the goal of home-based care "is to provide hope through high-quality and appropriate care that

helps ill people and families to maintain their independence and achieve the best possible quality of life." These caregivers work with patients to assess the existing pain based on a scale of 1-10, and dispense available medicine.

A different kind of medicine, antiretroviral drugs (ARV's) are administered to AIDS patients and they are bringing hope and health to the many who were condemned to certain death only a few years ago. ARV's inhibit the replication of HIV. When antiretroviral drugs are given, HIV replication and immune deterioration can be delayed, and survival and quality of life improved. So the family is maintained, as long as possible.

What do WE do?

We support our partnership with Ranchod Hospice and its daycare centers through fund-raisers. We meet and work with the dedicated staff and home-based caregivers. There are about 90 caregivers for 600 patients monitored and cared for on a regular basis. These caregivers are NOT provided a salary, nor do they expect compensation. The staff stays because of dedication, not because of the salary. So, occasionally when we bring medicine with us on our trips, we also bring t-shirts, eyeglasses, and other items to show that we recognize the important roles they all play in the work of hospice.

We meet the people, we listen to their stories of survival and loss. We put names to faces and through all their adversity, the faces still try to smile and be brave for those remaining.

- Nurse Janet is one of the most dedicated persons I've had the pleasure of meeting. She works at the hospice wards, she goes on outreach and patiently listens to the long lists of illnesses that the villagers share with her. She gives them her full attention and the medicine to help them feel better - at least for a little while - until next time. She is instrumental now in helping with family planning, providing counseling and actively working with families to help maintain and not increase the family unit and control the spreading of sickness.

- There's little Mikie who's at the daycare at Ranchod. Carla and Allida Plumer knew Mikie when he was so sick and emaciated, he could have been a poster boy for the sad programs they show on TV. Mikie is healthier now, filled out a little more, but due to his previous malnutrition, he will not fully develop mentally. So he may stay at the daycare indefinitely, being taught what he can absorb, being fed, and being loved.

- This visit, I met little Sarah, an 11-year-old who is HIV-positive and has a liver disorder. She needs to have an uncomfortable procedure done every few days because of this. We formed a bond - I shared some small gifts and we both shared smiles. Her prognosis is not good but she will be cared for with the deepest compassion.

•The Busy Bees are ladies who show up daily to make crafts and items to help support their extended families. We try to show them all that we appreciate their continued dedication. The home-based caregivers, the Busy Bees, so many people, teach us to sing, show us how to dance - how to enjoy being alive. What a lesson!

So, Allida started the program to help get sponsors for school fees for the children. Sponsors are given the opportunity to continue to help through successive school years. She is trying to identify more children for the program and more sponsors. It is an ever-growing task which she welcomes wholeheartedly. The fee is \$50 per student per year - what some may blow on a night out's entertainment, but it affords a child a uniform, some supplies and a little help with the daily food.

We're now kicking off the Nightgowns and Knickers program. We don't know when our next return visit will be and the patients shouldn't have to wait for us to physically return to receive decent hospital/hospice clothing. Knickers is another term for underwear - for both men and women. These will be purchased and sent along with the nightgowns every time we have enough to send a 20-pound box.

I would like to close with a quote and I think this encompasses what we are each trying to do: "The soul of the truly benevolent man does not seem to reside much in his own body. Its life, to a great extent, is a mere reflex of the lives of others. It migrates into their bodies, and identifying its existence with their existence, finds its own happiness in increasing and prolonging their pleasures, in extinguishing or solacing their pains."

Horace Mann

This talk was presented at The Carbondale Unitarian Fellowship by Debbie Czarnopys/White for WORLD AIDS DAY.

## **ADVOCACY UPDATE**

With the November 2008 re-authorization of PEPFAR, the President's Emergency Plan for AIDS Relief, (the US global AIDS initiative and the vehicle for channeling US efforts to address AIDS, Tuberculosis and malaria) we can move to other advocacy activities. Here are two suggestions for new directions for UU AIDS advocacy.

First, we can broaden our global focus to work on the eradication of global poverty. Perhaps the most effective way to do this is to partner with other organizations already working on related issues. For example, Jubilee USA has had remarkable success in working with the Global South to bring about meaningful debt reduction, freeing up in-country funds from debt service payments to strengthen health care, and access to treatment. RESULTS has played a major role in addressing grassroots poverty, including the expansion of micro credit and ensuring funding for treatment of TB, which is often a co-infection with HIV. Bread for the World works to reduce hunger and improve nutrition. These and many other organizations have local chapters and are

happy to partner with UU groups. Members of Congress are often happy to meet with combined delegations when members show understanding of the interrelationship of the issues.

Second, call for a National AIDS Strategy! This is a call to the newly-elected President Obama and his administration to immediately begin work toward a comprehensive and adequately funded response to the domestic AIDS epidemic in the United States-which President-elect Obama called for himself during the campaign. Leadership on domestic HIV/AIDS issues must begin in the first 100 days of the Obama Administration and must continue throughout his entire term in office.

Please add your voice to those demanding that a National AIDS Strategy become a top priority for the new administration. Go to [www.amfar.org](http://www.amfar.org) and click on Advocacy.

### **World AIDS Day 12/1/2008**

All Souls Unitarian Universalist Congregation in Kansas City, Missouri, in conjunction with the AIDS Service Foundation of KC, Abiding Peace Lutheran Church, Trinity United Methodist Church, and Spirit of Hope MCC, all of Kansas City, hosted an inter-faith World AIDS Day Service on Monday, December 1, 2008. Attendance of over 100 gathered to honor those who have passed from as well as support those living with HIV/AIDS. The theme of the service was Leadership to bring awareness and advocacy to the forefront. The service was sponsored and coordinated by All Soul's Red Ribbon Committee.

The congregation lobby and auditorium were flagged by banners displaying the names of some Kansas Citians who lost their battle with HIV/AIDS organized by the Kansas City AIDS Memorial Project. Members of the project were stationed among the banners reading the names while All Souls Music Director, Anthony Edwards, performed a very moving piano solo "Somebody's Calling Your Name" as background music while the service attendees gathered in the auditorium.

All Souls Minister Jim Eller led the service. Clergy from participating congregations and representatives from AIDS Service Organizations in Kansas City shared in the service with readings and personal testimonials. The AIDS Service Foundation of Kansas City was the recipient of an offering collected. The ASFKC supports local Kansas City based AIDS Service Organizations that provide housing and medical care to those in need, and provide free HIV counseling and testing services.

## DID YOU KNOW?

Reports from Kaisernetwork daily HIV/AIDS report, [www.kaisernetwork.org](http://www.kaisernetwork.org)

### IMPACT OF PEPFAR ON HIV/AIDS IN AFRICA

In January the Bush Administration released the fifth annual report to Congress on the work of PEPFAR, the Presidents Emergency Plan for AIDS Relief and provided a review of the program's first five years.

Most important is a dramatic increase in access to treatment with life saving anti-retroviral drugs. At the time of PEPFAR's founding 50,000 people in sub Saharan Africa were receiving anti-retroviral treatment. In its first five years PEPFAR provided anti-retroviral treatment to 2.1 million HIV positive people, exceeding the program's goal of 2 million. This is two thirds of the total receiving ARV treatment in Africa. In addition 16 million pregnant women received services to prevent mother to child transmission, probably preventing 237000 children being born with HIV, and the program supported care for more than 10.1 million people including more than four million orphans and vulnerable children.

Prevention has been less successful. The program has been criticized for overemphasizing abstinence for HIV prevention, although PEPFAR has provided more than 2.2 billion condoms worldwide. According to Helen Epstein an expert and consultant for the United Nations, PEPFAR's focus on abstinence has hindered prevention efforts by failing to address African cultural practices involving simultaneous long-term relationships. (KNW 1/13/09)

Overall supporters and critics alike "agree that prevention is the weakest link among global HIV/AIDS programs and will need more emphasis in the future. " AP/Washington Post, quoted in KNW 1/12/09

Other KNW reports:

- Food shortages in Lesotho are affecting HIV positive people, who need to consume 10-30% more calories than HIV negative people. Without adequate nutrition they may feel sicker and the effectiveness of medication may be reduced. A 2008 survey of urban areas in Lesotho found 30% of urban households were highly food insecure. In addition the report says that Lesotho imports 70% of its food from neighboring S. Africa, where many go to work and send money home. This migrant labor system has likely contributed to the spread of HIV/AIDS in Lesotho because of the long periods of separation between partners. (KNW 2/5/09)

- HIV/TB co-infection services. Medecins Sans Frontieres is working to provide clinics that treat people with HIV and TB co-infection. According to the report insufficient access to medical services and high transport costs to hospitals could account for low TB treatment adherence and increased prevalence of drug resistant strains. They report several statistics showing failure to reach goals for TB treatment, including that the treatment success rate of 42% is nearly half of the WHO target of 85%. (KNW 1/13/09)
- The (US) National Black Leadership Commission on AIDS plans to ask President Obama to develop a national strategy to address HIV/AIDS among blacks in the US. According to the CDC, blacks comprise 12% of the US population but account for almost half of new HIV infections and almost half of all people living with the virus in the US. (KNW 2/5/09)
- HIV/AIDS cases are increasing among married couples in Uganda. A recent study in Uganda found that although prevention programs focus primarily on younger unmarried couples, new HIV cases are increasingly common among married couples age 30 - 40. The study found that about 650,000 Ugandans were unknowingly living with HIV positive sexual partners, and that if nothing is done, almost 85000 of them will contract the virus this year. (KNW 1/12/09)

## **ADDITIONAL INFORMATION ABOUT THE UU GLOBAL AIDS COALITION**

What is the UU Global AIDS Coalition and how did we come about?

What later became the UU Global AIDS Coalition was originally founded in 2002 as a Social Justice Action Group at First Unitarian in Portland, OR. in response to a powerful address given by Stephen Lewis, then UN Special Envoy for AIDS in Africa, at the Unitarian General Assembly that year. He faulted those of us in the West for sitting by while the devastation of the AIDS pandemic is causing millions of deaths every year. Many of these deaths could be prevented if medical care easily available in western countries was available elsewhere in the world.

We now have a national steering committee and have made contacts in around 160 congregations throughout the U.S., also in Canada, Mexico and Europe, and we are especially delighted to be in contact with UU's in Kenya and Uganda and to be working with them to support their work in caring for AIDS orphans. We are a grassroots, all volunteer organization.

- Our vision is to support the work of UU congregations by sharing information and learning from each other. Our Red Ribbon Congregation program recognizes

congregations that are making a substantial effort to address global AIDS issues and can serve as a model for other congregations. Congregations or individuals who are considering getting involved and wondering how to start are encouraged to contact any of the Red Ribbon Congregations listed later in this newsletter. While they are all heavily involved in their own programs, they have a variety of in depth experience in starting and sustaining projects to support communities impacted by HIV/AIDS and are happy to share what they have learned. And we hope other congregations who are already actively engaged will apply to become a Red Ribbon congregation- that would be wonderful!

- Funding: We are a totally volunteer organization composed of individuals from UU congregations throughout the United States. Thanks to our new fiscal agent, Carbondale UU Fellowship, we can now accept donations, but individual congregations do their own fund-raising.

- We work by partnering with others. We have worked hard to collaborate with other UUA agencies so that we include their perspective on global AIDS issues and reach the widest possible audience. We are especially proud that we are able to partner with the UUA Advocacy Office and the UU United Nations Office to engage UU's at all levels in speaking out on the issues and in participating in global AIDS events.

- We work to engage UU's in political advocacy. We are especially excited by the growing role of the denomination in political advocacy on global AIDS issues, and use our network of local contacts to support the work of the UUA Advocacy Office.

- We work to develop culturally respectful ways to share the journey with those impacted by poverty and HIV/AIDS.

- We are always looking for leaders who are interested in working with youth. Please contact Carla Feldhammer at [hospice88@aol.com](mailto:hospice88@aol.com) if you are interested in getting involved in this important part of our work.

## **LEADERSHIP**

Chair 2008-June 2009: Ann Pickar, First Unitarian, Portland, OR.

Vice Chair 2008- June 2009 and Chair Designate July 2009: Carla Feldhammer, Carbondale ILL UU Fellowship

Secretary: Madeleine Lefebvre, Juneau Alaska fellowship

Treasurer: Debbie White, Carbondale ILL UU fellowship

Mail list and newsletter distribution: Terry Cushman, All Souls, Kansas City, MO  
Communications. (Pending). Darcy Roake, Harvard Divinity School and Peter Smith,

First Unitarian Society Newton MA

Development: Madeleine Lefebvre, Juneau Alaska Fellowship

Red Ribbon Congregation Program: Lyle Smith, Michael Servetus UU fellowship, Vancouver, WA.

Advocacy Coordinator: Adam Gerhardstein, UUA Advocacy Office. (ex-officio)

UU-UNO Liaison/Resource developer: Bruce Knotts/Holly Sarkissian, UU-United Nations Office. (ex-officio)

At large: Priscilla Laws, Unitarian Universalists of Cumberland Valley, PA

At large: Dennis Reynolds, Unitarian Universalist Church, Eugene, OR

At large: Al Jacobson and Rodney Lowe, First parish, Lexington MA (shared position)

Vacancy: Youth/Youth Advisor representatives

Fiscal Agent: Carbondale, ILL UU Fellowship

Web updates: Greg Zupan, First Unitarian, Portland, OR

Newsletter: Ann Pickar, First Unitarian, Portland, OR. And Terry Cushman, All Souls, Kansas City.

## **RED RIBBON CONGREGATION PROGRAM**

The following congregations have been recognized as Red Ribbon Congregations for their continuing leadership in addressing global AIDS issues. We encourage others to contact them direct for information and advice.

All Souls Kansas City, Kansas City, MO. Contact Terry Cushman, tcushman@yahoo.com

Carbondale Unitarian Fellowship, Carbondale, IL. Contact Carla Feldhammer, hospice88@aol.com

First Parish Lexington, MA. Contact Al Jacobson, aljacobson@comcast.net

First Unitarian Portland, OR. Contact Ann Pickar, apickar@cs.com

First Unitarian Society in Newton, MA. Contact Peter Smith, psmith@igc.org

Juneau UU Fellowship, AK. Contact Madeleine Lefebvre, toisondor@gci.net

Michael Servetus UU Fellowship, Vancouver, WA. Contact Lyle Smith, llbs@aol.com

Unitarian Universalists of Cumberland Valley, PA. Contact Priscilla Laws, lawsp@dickinson.edu

### **TO BECOME A RED RIBBON CONGREGATION:**

Go to the Red Ribbon Congregation page on our web site, [www.uuglobalaids.org](http://www.uuglobalaids.org), or for more information contact Lyle Smith at [llbs@aol.com](mailto:llbs@aol.com) or contact any of the congregation contacts listed above.

## GETTING INVOLVED WITH UUGAC

CHECK OUT OUR WEB SITE: [www.uuglobalaids.org](http://www.uuglobalaids.org)

We encourage both individuals and congregations to join our coalition. This is not a membership organization and any individual can sign up to receive the newsletter. There is no charge. We are especially looking for people who will be the contact for their congregation. Besides letting us know that you are out there, we hope that congregational contacts will:

- Distribute the newsletter and brochures and perhaps maintain a local sign up list
- Share news of what is happening in your congregation and community

To receive the newsletter or to become a congregational contact, e-mail  
[UUGACNEWSLETTER@GMAIL.COM](mailto:UUGACNEWSLETTER@GMAIL.COM)

The newsletter comes out three times a year, usually in January, April and September. Contributions and suggestions very much welcome!