

# Hunger News & Hope

*...a Seeds of Hope publication*

## Last Year's Ten Most Underreported Humanitarian Stories

from Médecins sans Frontières/Doctors without Borders

*Editor's note: The highly acclaimed humanitarian aid organization Médecins sans Frontières (MSF; known in the US as Doctors without Borders) recently issued a list of what its leaders consider the world's "top ten" most underreported humanitarian stories for 2007.*

### 1. Somalia

As violence in Somalia escalated this year to some of the worst levels in over 15 years, attention to one of the most challenging and acute humanitarian situations in the world seemed to wane. Ethiopian troops and Transitional Federal Government forces, supported by international partners such as the United States and the European Union, clashed with a range of armed groups, including remnants of the Islamic Courts Union. The fighting caused an unknown number of civilian casualties and the displacement of hundreds of thousands of people from Mogadishu, the country's capital.

In 2007, MSF increased its presence in Mogadishu and opened an emergency response program in Afgooye, just outside the capital, where an estimated 200,000 internally displaced persons (IDPs) sought refuge, living in extremely harsh conditions with little access to food, water, and shelter. Many of those remaining in

Mogadishu are staying in makeshift camps, with little more than ripped cloth and plastic sheeting for shelter, and are exposed to a high degree of violence.

In a country where a 16-year-old conflict has resulted in some of the world's worst health indicators—with an estimated life expectancy of 47 years—international aid organizations experience difficulty in running effective independent programs. Present since 1991, MSF is now running projects in 10 out of the 11 regions of south and central Somalia. Services range from primary and maternal to surgical care, with nurses and doctors treating malnutrition, tuberculosis, kala azar, cholera, and war-related trauma on a daily basis.

Unfortunately, security concerns are still too high in some areas for aid organizations to reach. Last August, MSF called upon all parties in the conflict to respect the safety of medical services.

—From a story by *Jehad Nga*

### 2. Zimbabwe

Rampant unemployment, sky-

rocketing inflation, food shortages, and political instability continued to wrack Zimbabwe in 2007. Up to 3 million people are believed to have fled to neighboring countries in recent years among a population of 12 million.

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The national health-care system now threatens to collapse under the weight of this political and economic turmoil, with the most acute consequences potentially for the estimated 1.8 million Zimbabweans living with HIV/AIDS. Fewer than one-fourth of the people who most need treatment receive it—causes an average of 3,000 deaths every week.

Trained medical professionals are leaving the country, the government program for HIV/AIDS treatment is oversubscribed, and the lack of antiretroviral (ARV) supplies has stifled further expansion.

Through programs in Bulawayo, Tshlotsho, Gweru, Epworth, and various locations in Manicaland Province, MSF provides free medical care to 33,000 HIV/AIDS patients—12,000 of whom are receiving ARV treatment. However, medical care is hindered by the lack of trained health workers, restrictions on prescriptions, and stricter requirements for international staff to work in the country.

—From a story by Dirk-Jan Visser

### **3. Thailand**

Every year, tuberculosis (TB) kills an estimated two million people in Thailand, and another 9 million develop the disease. Despite this, there have been no advances in treatment since the 1960s and the most commonly used diagnostic test only detects TB in half of the cases. An estimated \$900 million is needed annually for research and development for TB, but only \$206 million is invested worldwide.

Existing treatments and diagnostics are even less adapted for people living with HIV/AIDS, the easiest prey for the TB bacilli. For those infected with multidrug-resistant TB (MDR-TB), or develop it as a result of incomplete treatment, the prospects for survival are even bleaker. More than 450,000 people succumb to MDR-TB every year.

Adding to the frustration for medical staff is the fact that not all new drugs are being tested in people with MDR-TB. A recent article by international experts, pub-

lished in the open-source medical journal *PLoS Medicine*, called for the testing of new drugs in patients whose TB is resistant to standard treatment. This approach could make it easier to detect the anti-TB activity of new drugs and ultimately accelerate drug development.

—From a story by Francesca Di Bonito

### **4. Niger**

Every year, acute malnutrition is implicated in the deaths of millions of children worldwide. More than 60 million young children have signs of acute malnutrition, characterized by sudden weight loss or wasting, and are at serious risk of death unless they receive specialized care.

Acute malnutrition is highly prevalent in poor countries. Services are generally unavailable outside large humanitarian emergencies, during which the number of patients frequently overwhelms in-patient feeding centers.

However, workers have come up with recent treatment strategies that offer important new promise. Workers can treat large numbers of malnourished children in their homes with relatively new, ready-to-use therapeutic products (RUTFs), like the milk and peanut-butter paste Plumpy'nut. These energy-dense, nutrient-rich products are ideal for rapid weight gain in children with poor appetites and small stomachs.

In the past two years in the central African nation of Niger, this outpatient treatment that relies on RUTFs has helped more than 150,000 children with moderate and severe acute malnutrition. Such products and strategies can be adapted and implemented through national health services elsewhere, but are not presently being used. While continued efforts to address the underlying causes of malnutrition are critical, it is possible today to offer simple and effective curative treatment to tens of millions of children facing a high risk of death.

—From a story by Anne Yzebe

### **5. Sri Lanka**

Caught in the middle of fighting between government forces and the Liberation Tigers of Tamil Eelam (LTTE), civilians in Sri Lanka's eastern and northern regions

live in terror. This conflict has been going on for nearly 25 years, but has received little attention, especially in terms of the toll it has taken on civilians.

Targeted bombings, killings, mine attacks, suicide bombings, abductions, forced recruitment, extortion, restrictions on movement, and arbitrary arrests make life in Sri Lanka increasingly precarious. Hundreds of thousands of Sri Lankans have been displaced since the resumption of major fighting in August 2006.

The situation is worsened by a climate of hostility and suspicion in Sri Lanka toward aid organizations. As a result, aid is increasingly restricted. This lack of respect for humanitarian work comes at a time when areas near the fighting have lost nearly all of their medical specialists and hospitals no longer have the resources to treat the wounded.

After evacuating in late 2006, MSF is now back, providing medical care in several Sri Lankan cities.

—From a story by Henk Braam

### **6. Democratic Republic of Congo**

The headlines emerging from the Democratic Republic of Congo (DRC) in 2007 paid scant attention to the humanitarian crisis unfolding in the North Kivu province. Fighting has continued for more than a year after the first democratic elections in decades were supposed to bring stability to the region.

Supported by the UN force, the government is now in open combat with the forces of rebel leader Laurent Nkunda. The Mai Mai and the Rwandan Hutu rebels of the Democratic Forces for the Liberation of Rwanda (FDLR) are also involved in the fighting.

Hundreds of thousands of people fled their homes last year. Many have been displaced multiple times. Displaced Congolese are forced to hide in the forest, with little access to food or basic health care, and remain under constant threat of attack. This makes them vulnerable to malnutrition, malaria, respiratory infections, and obstetrical complications. Outbreaks of cholera and the Ebola hemorrhagic fever have stricken several regions of DRC.

Also, in Bunia, capital of the Ituri region, MSF reports having treated 7,400

rape victims over the last four years, with one-third in the last 18 months. In Ituri, 150,000 internally displaced people are still unable to return home and remain vulnerable to exploitation and assaults.

Armed conflict makes it difficult for humanitarian workers to deliver assistance to the population. Large areas remain inaccessible, with many roads simply cut off by the insecurity.

—From a story by Guillaume Le Duc

## 7. Colombia

Largely fueled by a fight over control of the narcotics trade, Colombia's decades-old civil war has had a devastating effect on the civilian population.

Over the years, as many as 3.8 million people have been driven from their homes by violence brought on by government troops, paramilitary, and rebels forces battling for territorial control.

Armed groups have a stranglehold on roughly half of Colombia's rural areas, depriving civilians of access to health care by making roads impassable and forcibly conscripting child militias. Civilians are often suspected of collaborating with rebel groups and face harsh reprisals.

In desperation, families flee their homes for urban slums. Their new homes are overcrowded shacks without adequate facilities. Living conditions often lead to respiratory infections and diarrheal disease. Very few IDPs have the option of returning safely to their homes.

MSF works in isolated rural areas through mobile and stationary clinics and in urban areas where displaced families have gathered. Teams provide medical care ranging from vaccinations to reproductive care and emergency services, and offer psychological care to victims of violence. As the conflict in Colombia rolls into its sixth decade, many Colombians do not remember a time when daily life was not ruled by guns and terror.

—From a story by Juan Carlos Tomasi

## 8. Myanmar

Isolated from the outside world since the ruling military junta came to power in 1962, the people of Myanmar (formerly named Burma) continue to suffer the consequences of repression and neglect.

Faced with high malaria and HIV rates, the people are provided with little assistance from the regime.

In spite of the overwhelming need, few humanitarian aid groups work in the country. Operating in an independent and impartial manner is difficult. Moreover, donor governments and agencies are reluctant to fund programs that might support the regime. Travel inside the country can require time-consuming visas, which makes emergency response impossible. In some regions, such as those gripped by armed conflict involving Karen and Mon rebels along the eastern border with Thailand, government restrictions have stymied humanitarian aid efforts.

Some of the largest gaps in health services are in the western Rakhine state, where MSF treated 210,000 people for malaria in 2006. Muslims from Rakhine state, known as Rohingyas, live in particularly precarious circumstances. Denied citizenship rights by the state, this group suffers numerous forms of abuse.

The slow response to the country's HIV/AIDS epidemic has fueled the spread of the disease. While little independent information exists on the number in clinical need of antiretroviral (ARV) treatment, of the estimated 360,000 people who are living with HIV, only 10,000 are believed to be receiving ARVs. MSF provides ARV therapy to 8,000. Even fewer have access to care for complicating diseases like tuberculosis. As a result, the UN estimates that 20,000 people die annually from HIV/AIDS.

—From a story by Claude Mahoudeau

## 9. Central African Republic

Fighting between government forces and various rebel groups in northern Central African Republic (CAR), which started in late 2005, has caused significant displacement of the population. In the northwest, villages have been pillaged and burned, forcing people to flee into the surrounding, inhospitable forest, and severely restricting their access to health care and making them vulnerable to bandits.

In the first eight months of 2007, MSF carried out more than 100,000 consultations and treated tens of thousands of people—many of them children under five

years of age—for malaria and other infectious diseases often associated with poor living conditions.

Insecurity frequently forced MSF to stop its mobile clinics on short notice, sometimes for up to eight weeks. In June, MSF aid worker Elsa Serfass was shot and killed by rebel gunfire, leading to a lengthy reduction of operations. The violence in the northwest has also forced close to 30,000 people into neighboring Cameroon.

MSF also carried out a nutrition intervention after alarming rates of malnutrition were discovered among children within this refugee population. MSF treated these children and distributed supplementary food rations. More than 45,000 CAR refugees also gathered in southern Chad for treatment by MSF personnel.

In parts of northeastern CAR, violence between rebel groups and government troops has forced thousands of people to flee their destroyed homes and villages. Many sought safety in the nearby forest. The region suffers from a near-total lack of health care and MSF provided assistance to the beleaguered population through mobile and fixed clinics.

—From a story by Spencer Platt

## 10. Chechnya

It has been nearly four years since the most intense fighting subsided between Russian government and rebel forces in the North Caucasus republic of Chechnya. Tens of thousands of people who had fled to neighboring republics have returned home and reconstruction has increased in the Chechen capital, Grozny, the scene of indiscriminate bombing less than a decade ago, and the republic's airport has been reopened.

However, the region remains highly volatile. Fighting outside Chechnya has increased, and a large military presence still inhabits the region. Abductions, disappearances, assassinations, and bombings continue. Inside Chechnya, the security situation is still precarious for civilians. Dangers may range from being caught in the middle of sporadic gunfire to getting into a car accident involving heavy military vehicles, the latter recently having become a common cause of trauma.

continued on page 7

# Speaking of Hunger...



## Sermons of Challenge and Hope

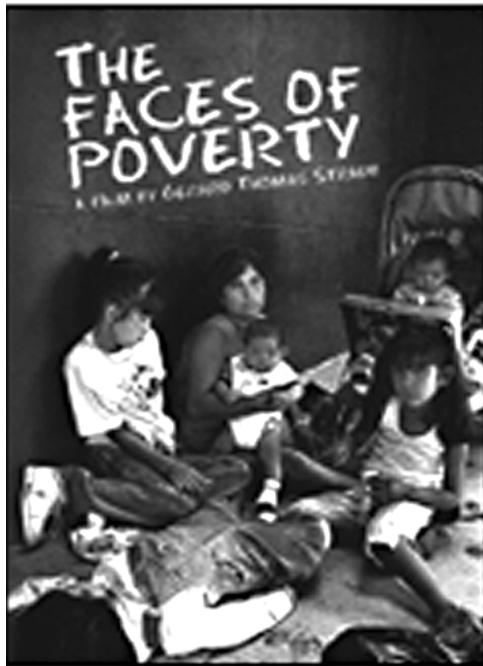
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## Meet the Real Poor

New Gerard Thomas Straub Film Creates  
Portrait of Poverty

BURBANK, CALIFORNIA—Most Christians talk about the poor, but few of us actually come into contact with poor people. *The Faces of Poverty*, a 45-minute film produced by Gerard Straub of the San Damiano Foundation (SDF), introduces the audience to real people who are poor. An SDF flyer says,

*[You will] learn their names, hear their tragic stories, see their sorrowful faces. You will see innocent children without homes, a neglected grandmother living in a mission, a young mother who lives in her car with her children, a homeless man living in an abandoned building, and a homeless veteran with no legs.*

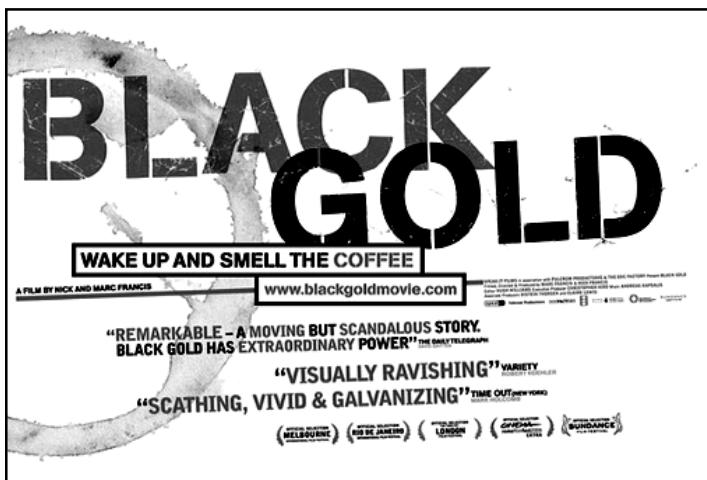
*[You will also] meet unemployed auto workers, recovering addicts, homeless women, and others who are unjustly imprisoned by chronic poverty, living in isolated pockets of despair and want.*

Featuring scenes from three feature-length documentaries on domestic poverty in Philadelphia, Detroit, and Los Angeles, as well as new material, *The Faces of Poverty* is a compelling portrait of poverty in the US, where so many people live in suffocating squalor in the shadow of astounding affluence. The film is an excellent resource for church leaders hoping to inspire their congregations to work for the alleviation of poverty.

—For more about this and other compelling films about hunger and poverty—as well as creative responses to these injustices—go to [www.sandamianofoundation.org](http://www.sandamianofoundation.org).

# Movie Highlights Plight of Coffee Farmers

reviewed by Katherine Ramirez



**C**offee is the second-most traded commodity in the world (next to oil) and yet coffee farmers rarely see the profits from that trade.

*Black Gold*, the 78-minute documentary film, by Nick and Marc Francis, takes viewers to Ethiopia, the birthplace of coffee, and introduces them to coffee growers.

The film then switches to various parts of the world and provides snippets of events such as gourmet coffee-tastings and a barista competition, to offer a background of coffee's vast number of uses.

The award-winning film mainly follows Tadesse Meskela, the General Manager for the Oromia Coffee Farmers Cooperative Union, and highlights his struggle to get fair trade for his workers.

Oromia is located in Southern Ethiopia, and Meskela represents about 74,000 workers (not including their families). Meskela travels the world, taking with him coffee from his country, and tries to get new buyers. All of these efforts are in hopes of providing more funds for his workers.

The humble Meskela grew up in poverty as a child and knows the importance of hard work and of being rewarded for it. The film takes viewers into his daily life. We are introduced to his wife, who tells the story of Meskela's hard work. This allows viewers to make a personal connection with the film's protagonist.

In the United States, one cup of coffee costs about \$2.90, but Ethiopian laborers only get about \$.12 of that. Although the film includes a few scenes with coffee consumers sipping on Starbucks coffee, the film in no other way singles out any specific coffee chains.

It does however, offer names of the four major companies

that do not participate in fair trade: Nestle, Procter & Gamble, Sara Lee, and Kraft.

A coffee grower in Ethiopia gets less than half a dollar for a full day's work, which is not enough to securely support himself, not to mention his family.

Because of lack of funds, education is not a priority for children, even though many adults are determined to sacrifice to provide their children with a better opportunity than they have.

One touching scene in the movie shows the men of the village deciding what to do with the small fund they have left over from a recent paycheck.

There is not enough money to build a school, but one man takes the lead and offers the very shirt off of his back to help pay for the new school. The other men follow his example and it is resolved that everyone will do what it takes to provide the children with an education.

This example puts many issues into perspective and shows what it truly means to unselfishly give all of one's self.

Psalm 128:2 states, "You shall eat the fruit of the labor of the work of your hands." The basic mission statement of the fair-trade movement is that developing-world producers who meet certain criteria should receive a fair wage for the fruits of their labor.

In a Q-and-A session with Nick and Marc Francis posted on the movie's web site ([www.blackgoldmovie.com](http://www.blackgoldmovie.com)), the brothers are asked how audiences have reacted to the film.

They respond that there have been many different responses. One moviegoer donated \$10,000 to help fund one of the schools featured in the film.

Not everyone's response is that drastic, but most are doing exactly as the filmmakers hoped, leaving the movie wanting to do something, whether it is being a more conscious consumer or joining campaigns for equitable trade.

—Katherine Ramirez is a freelance writer in Floresville, Texas.



art courtesy of Java Jive

# Farm Bill Negotiations Reach Critical Stage

## *House/Senate Package Nears Completion, Faces Possible Veto*

WASHINGTON, DC—Last December, the US Senate joined the House of Representatives in passing a Farm Bill. The Senate version of the bill contains important new investments in the Food Stamp Program and the Temporary Emergency Food Assistance Program (TEFAP).

The bill has now made its way into the House/Senate Conference Committee. Members of the House and Senate Agriculture Committees, the House Ways and Means Committee, and the Senate Finance Committee—as well as leaders of both houses—will participate in discuss priorities of the farm bill package.

Many activists are stressing the importance of nutrition initiatives, as well as the parts of the bill that cover commodity assistance, conservation, trade, and energy programs. Nutrition programs like TEFAP, the Food Stamp Program, and the Supplemental Program for Women, Infants, and Children (WIC) lower the number of food-insecure households, and save federal money in the long run.

Committee leaders were planning to wrap up discussions over the Farm Bill at press time.

While the committee is fighting hard to enact important policies, it has encountered opposition. Some Congress members want a one-year extension on the existing farm bill instead of completing the one in progress.

This move could be detrimental to lower-income and impoverished families. The US Department of Agriculture's (USDA) annual study of hunger in America indicated that the number of people living at the margins of hunger has increased from 35.1 to more than 35.5 million, including 12.6 million children. The proposed Farm Bill—from both houses of Congress—is designed, in part, to combat hunger and malnutrition in the country. Lengthening the term of the currently enacted law could mean the deterioration of food stamp benefits and empty food pantry shelves.

In January, the Bush administration's farm chief publicly warned the joint committee of an impending veto. Chuck Conner, acting US secretary of agriculture, told a crowd in Joaquin County, CA that the bill faces a veto unless legislative conferees “strip out new taxes and trade-distorting policies, and reform income-support payments.”

Bills from both the House and the Senate try to limit such financial support. The Senate legislation would prohibit payments to what it calls “nonfarmers” who average an income more than \$750,000 per year. The legislation defines farmers as individuals earning more than two-thirds of their income from agriculture. The House would prohibit payments to

farmers and nonfarmers alike, earning \$1 million a year or more.

If the bill is vetoed, if an extension is not granted, or if a decision is not made by March 15, federal law states that the farm bill will revert to the conditions of the original bill from the 1930s. In the mean time, farmers would have to figure out how they can get funding for seeds and planting expenses without federal help.

—Compiled by Brittany Brady. Sources: *Food Research and Action Center*. For background information, see the special section on the 2007 Farm Bill by Joseph Woodard in Hunger News & Hope's spring 2007 issue, as well as “The 110th Congress and the Poor” from the Fall 2007 issue.

### **US Doctors Claim Farm Subsidies to Blame for Obesity**

Many of the nation's doctors, including the American Medical Association, are saying Congress is largely to blame for the United State's obesity epidemic by subsidizing the production of fatty foods.

Almost three-quarters of Farm Bill agricultural subsidies for food from 1995 to 2004 went to producers of sugar, oil, meat, dairy, alcohol and feed crops. As a result, low-cost, high-fat foods are cheaper and more readily available than the healthier alternatives.

Since 1985, the price of fruits and vegetables has increased 40 percent while the price of fats and sugars has declined 14 percent making it difficult for low-income families to buy fresh, well-balanced meals.

“Senators take millions from corporations that produce bacon, burgers and other fatty foods,” Neal Barnard, president of the Physicians Committee for Responsible Medicine, said. “Then Congress buys up these unhealthy products and dumps them on our school lunch program. Companies get rich, and kids get fat.”

Childhood obesity has more than tripled in the past two decades. Children born in 2000 have a one-in-three risk of developing diabetes in their lifetime.

Doug Krahmer, co-owner of Blue Horizon Farms, said that each day 45 percent of children eat no fruit at all, and 20 percent eat less than one serving of vegetables.

The Senate Agricultural Committee approved a bill in October that will give \$2 billion for healthier specialty crops, four times as much as what was provided in the previous Farm Bill.

Members of the House of Representatives hope to spend \$400 million more for a school-lunch program that includes fresh fruits and vegetables.

—Compiled by Rebecca LaFlure. Sources: McClatchy Washington Bureau, *The National Center for Health*

## ***Underreported Stories,***

Continued from page 3

Basic health services, particularly in obstetrical and gynecological care, are woefully lacking and remain out of reach for many impoverished returnees. Through clinics in and around Grozny, MSF and local Chechen doctors see a population with high levels of chronic illness, including lung, kidney, and cardiovascular diseases.

Furthermore, the MSF teams also witness widespread needs for psychosocial care, caused by years of exposure to violence and displacement. An MSF survey of IDPs living in temporary accommodation centers in Ingushetia and Chechnya found that nearly all the people interviewed were suffering from anxiety, insomnia, or depression.

Chechnya's wars also took their toll on the republic's tuberculosis (TB) control system. As a result, MSF supports TB hospitals serving a population of 400,000. Also, many survivors still need care for crippling injuries. MSF has tried to meet some of this need by operating a reconstructive surgery program.

—From a story by Misha Galustov

—MSF began producing the “Top Ten” list in 1998, when a devastating famine in southern Sudan went largely unreported in the US media. Drawing on MSF’s emergency medical work, the list seeks to generate greater awareness of the magnitude and severity of crises that are not always reflected in media accounts, which are critical for generating and improving responses. For the full report, go to [www.doctorsoverborders.org](http://www.doctorsoverborders.org) and look for “Special Reports” under the “Publications” menu.

\*The Sahel is a strip of land that runs from the Atlantic Ocean in the west to the Red Sea in the East, immediately south of the Sahara Desert. The countries of the Sahel today include Senegal, Mauritania, Mali, Burkina Faso, Niger, Nigeria, Chad, Sudan, and Eritrea.



## **Pharisee**

by Nadine Doughty

I shouldn't have answered the phone,  
being in the midst of prayers,  
prayers especially for those with problems,  
and for the poor.

No, I shouldn't have answered,  
because of my irritable response.

When the charitable organization  
explained their mission,  
the request for a donation  
was annoying and unsettling.

Hadn't I done enough for them?  
And it broke into my meditation  
and prayers,  
which require peace and quiet  
and don't deal well  
with interruptions.

—Dee Doughty, a longtime contributor to Seeds publications, has worked in soup kitchens and ministries for the poor in Evanston, Illinois for many years.

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### ***Statement of Purpose***

Seeds of Hope is a private, independent group of believers responding to a common burden for the poor and hungry of God's world, and acting on the strong belief that biblical mandates to feed the poor were not intended to be optional. The group intends to seek out people of faith who feel called to care for the poor; and to affirm, enable, and empower a variety of responses to the problems of poverty.

### ***Editorial Address***

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## ***quotes, poems, & pithy sayings***

We are appropriately appalled by violence aimed at children in schools. We should be just as angry at the violence of hunger. What's more violent than children starving to death?

—Brett Younger, "Storing Grain and Starving People," *Speaking of Hunger: Sermons of Challenge and Hope* ([www.seedspublishers.org](http://www.seedspublishers.org))

It's not our pleasure in eating that deforms some and demeans others. It is our habit of eating alone, without regard to others, that leads to a spiral of violence and enmity. Either we come to the communion table of blessing and bounty together, with seats for all, or we sow the seeds of our own destruction.

—Ken Sehested, "Fasting, Casting Out Demons, and Living on the Edge," *Living on the Edge* (*Sacred Seasons*, Lent/Eastertide 2008)

Christ is shown in mercy when his people break bread to them; he is shown in judgment when we do not. Never did Lazarus press closer to the rich man's door than does the hungry world that presses its claim upon us in Jesus' name right now. God's people ought to break bread to them in sacrificial giving, in political action, and in economic sharing of our abundant resources. The challenge is to find the way rather than bemoan our helplessness.

—W. Clyde Tilley, from "Knowing Jesus in the Breaking of the Bread," *Speaking of Hunger: Sermons of Challenge and Hope* ([www.seedspublishers.org](http://www.seedspublishers.org))

We need people who will show God's love to a world in need. We need people who will be beacons of light in a world where light is a rare commodity. We need people who will offer friendship in the face of loneliness. We need people who will offer grace to a people in deep need.

—Douglas M. Donley,  
"Holy Manna," *Just Harvest* (*Sacred Seasons*, Hunger Emphasis 2007)



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Seeds of Hope Publishers also produce *Sacred Seasons*, quarterly packets of worship materials for the liturgical year—with an economic

justice attitude. These include litanies, sermons, children's and youth activities, bulletin art, and drama.

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