



Disease and Hunger Memory

Module **1**: Opening

Activity Level: **Medium**

Goal: This activity is designed to introduce participants to five specific diseases that particularly afflict those who are poor: malaria, tuberculosis, pneumonia, diarrhea, HIV and AIDS. The discussion questions that follow the activity are intended to draw attention to the relationship between disease and hunger.

MATERIALS

- **Memory cards**—one set per group (provided below)
- **Answer key**—for the moderator (provided below)

INSTRUCTIONS FOR PRESENTER

Welcome participants to the session on disease and hunger. To invite people into the experience, choose one of the following prayers and/or hymns listed below or choose your own.

PRAYERS

1. Healing God, teach us to receive the sick and the hungry with the love of Christ to ensure they are made whole in our community. Help us to serve them in their time of need, especially with food to nourish their bodies and love to comfort their souls. In Christ's name we pray. Amen.
2. Let us pray for an end to pandemic disease throughout the world, that plagues of sickness and death may no longer fuel poverty, destabilize nations, and inhibit reconciliation and restoration throughout the world. O God, the strength of the weak and the comfort of all who suffer: grant your saving health to all who are afflicted by disease throughout the world. Bless the labors of those who minister to the sick, and unite the wills of nations and people in seeking an end to the pandemics of our age; that sickness may be turned to health, sorrow to joy and mourning turned to praise of your holy name. God of love, in your mercy, hear our prayer. *(Adapted from "A Bidding Prayer for an End to Global Poverty and Instability" by the Episcopal Office of Government Relations)*

3. Make us worthy, Lord, to serve our fellow human beings throughout the world who live and die in poverty and hunger. Give them through our hands this daily bread, and by our understanding love, give peace and joy. Amen. *(ELW, additional prayers, spiritual life, a prayer of Mother Theresa of Calcutta, page 87)*
4. Say a prayer yourself or invite a member from the group gathered to offer one.

SONG SUGGESTIONS

(from Evangelical Lutheran Worship [ELW] or With One Voice [WOV])

- ELW 610
O CHRIST, THE HEALER, WE HAVE COME
- ELW 612
HEALER OF OUR EVERY ILL
- WOV 748
BIND US TOGETHER
- WOV 763
LET JUSTICE FLOW LIKE STREAMS
- WOV 766
WE COME TO THE HUNGRY FEAST
- WOV 779
YOU WHO DWELL IN THE SHELTER OF THE LORD



Evangelical Lutheran Church in America
God's work. Our hands.



READ ALOUD

Read the following aloud to prepare participants for the content of this activity:

When we hear how to address the challenges of malaria, tuberculosis (TB), pneumonia, HIV and AIDS, and diarrhea, we think of medical cures or treatments. It is not often that we consider the issues surrounding the disease and the impact of other factors on health, such as food, water, and living conditions. This activity will help us think of adequate nutrition, clean water and sanitary living conditions as necessary steps in helping our global community combat disease.

INSTRUCTIONS

1. Before the meeting, be sure to cut out the memory cards. Copy and cut enough sets to accommodate the number of people you expect.
2. Split participants into small groups of two or three people. One set of memory cards should be available to each group.
3. Have each group shuffle and arrange their cards face down.
4. In their groups, participants take turns turning up cards in an attempt to find the three that are associated. First one card is flipped over, then a second. If the two are associated (e.g., the first card is a mosquito and the second is a bed net), the participant flips over a third card. Whenever a non-associated card is turned over, all pieces should be returned to their face down position and the next participant begins their turn. However, if the third card is associated, the participant keeps the group of cards and begins searching for another set of three. Associated cards equal a disease, a symptom/cause, and a solution. (The moderator can use the answer key to answer any questions about which pieces are associated with each other.)
5. After all groups finish the memory card activity, or after a set amount of time use the follow-up questions to direct discussion. Have the participants use the memory cards to answer each question by raising the corresponding memory card.

ANSWER KEY

For the purpose of this activity the cards associated with each other are as follows:

Malaria—mosquito bite—treated bed nets

Tuberculosis—coughing—antibiotic drugs

Pneumonia—fluid in the lungs—immunization

HIV and AIDS—unprotected sex or sharing needles—anti-retroviral drugs

Diarrhea—dirty water—clean water

ACTIVITY QUESTIONS

After the memory card activity, participants are going to learn more about the five diseases introduced in the activity. Use the following questions to explore the relationship between disease and poverty/hunger. Ask each question aloud and let participants call out which of the five diseases they think is the correct answer.

To begin, read the following aloud: “We are going to explore in greater detail the connections between the five diseases introduced in the memory card activity and hunger. Remember, the diseases are malaria, TB, pneumonia, HIV and AIDS, and diarrhea. If you think you know the answer to the following questions, shout it out!”

1) *Which disease is the number one killer of children under the age of five?*

Answer: **Pneumonia**

- Pneumonia kills more people worldwide than any other disease, more than AIDS, malaria, and measles combined.

2) *Which disease is preventable?*

Answer: **ALL**

- **Pneumonia**—Vaccines and general sanitation.
- **Diarrhea**—Clean water and sanitation. Diarrhea episodes could be reduced by 50 percent through simple home treatment with chlorine tablets, ceramic filters, solar disinfection, or purifying filters; 23 percent by improving sanitation; and 23 percent by improving the water supply.



- **Malaria**—Proper use of bed nets (which involves both having the bed nets and being educated about how to use them properly).
- **HIV and AIDS**—For individuals, education about safer sex practices and not sharing needles (for IV drug use). In healthcare settings, universal precaution and infection control protocol.
- **Tuberculosis**—Prevent exposure; people with HIV and AIDS are particularly susceptible to the disease.

3) ***Which disease is made worse by hunger and/or malnutrition?***

Answer: **ALL**

- Ask the group: Why do you think diseases are made worse by hunger and/or malnutrition? Watch for answers like increased nutritional needs when one is sick; already depressed immune system; inability to take necessary medications (e.g., anti-retroviral drugs for HIV and AIDS must be taken with food to be effective).

4) ***Which disease is the leading killer of people infected with HIV and AIDS?***

Answer: **Tuberculosis**

- HIV weakens the immune system allowing infections such as tuberculosis to develop. These opportunistic infections are of great concern to those living with HIV or AIDS.

5) ***Which disease disproportionately affects people of color and those who are poor in the United States?***

Answer: **HIV and AIDS**

- The epidemic in the African American community in the United States closely resembles the generalized epidemic in sub-Saharan Africa. Although African Americans total 13 percent of America's population, they account for 49 percent of those diagnosed with HIV and AIDS.
- Homelessness: The National AIDS Housing Coalition reports that "the conditions of homelessness and extreme poverty—the inability to maintain intimate relationships, pressures of daily survival needs, and substance use as a response to stress and/

or mental health problems—leave homeless and unstably housed persons extremely vulnerable to HIV infection." People who are homeless or unstably housed have "rates of HIV infection...three to sixteen times higher...[than] similar [individuals] who are stably housed."

- Unemployment: One study found that as many as 45 percent of those infected with HIV in the United States are unemployed.
- It should be noted that HIV and AIDS is a tragic epidemic internationally as well.

6) ***Which disease kills six thousand children a day but could be reduced by 42 percent with simple hand washing?***

Answer: **Diarrhea**

- Clean water and sanitation are key to addressing this disease.

7) ***Which disease decreases a person's productivity and ability to provide for themselves and their families?***

Answer: **ALL**

- Brainstorm for a moment together about the things that are difficult to do when you are sick.
- Next, think about people living in conditions different than your own. Think, for example about those living in industrialized vs. developing countries (or, more properly, Global North vs. Global South) or those living in urban vs. rural communities. What might people in those various contexts need to do on a daily basis? How might illness affect their productivity? Some answers to watch for and perhaps discuss further: working, tending garden, taking care of animals, harvesting crops, getting clean water, going to school, caring for someone who is sick.
- Consider also what happens to a family when the parents or primary breadwinners die from disease.



8) *Which disease has been almost completely eradicated in the United States?*

Answer: **Malaria**

- The Centers for Disease Control and Prevention came into being in 1947 for the purpose of eliminating malaria (since then the Centers has found a more permanent place). Between 1947 and 1949 the National Malaria Eradication Program used DDT to spray homes and fields; over 4,650,000 homes were sprayed. After two years, malaria was considered eradicated in the United States. This can give us hope that malaria can be adequately contained in our time.

QUESTIONS FOR DISCUSSION

1. Which question stood out the most to you?
2. Did any of the answers surprise you? Why?
3. What are some of the ways in which disease and hunger are directly related?

RESOURCES

Centers for Disease Control and Prevention, “Eradication of Malaria in the United States (1947–1951),” www.cdc.gov/malaria/history/eradication_us.htm

Centers for Disease Control and Prevention, “HIV/AIDS and African Americans,” www.cdc.gov/hiv/topics/aa/index.htm

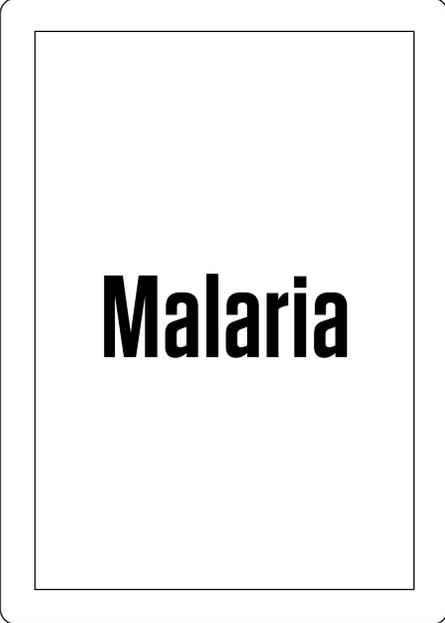
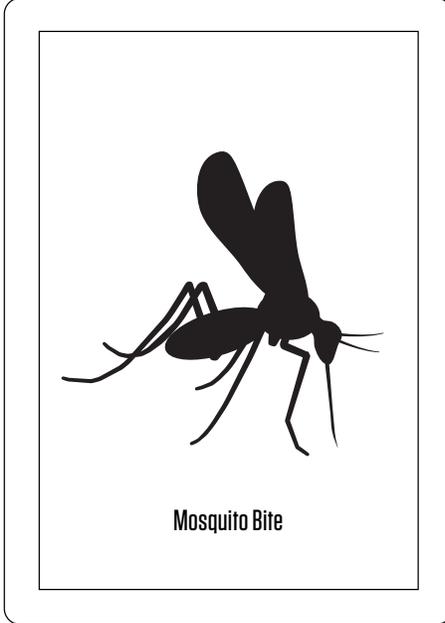
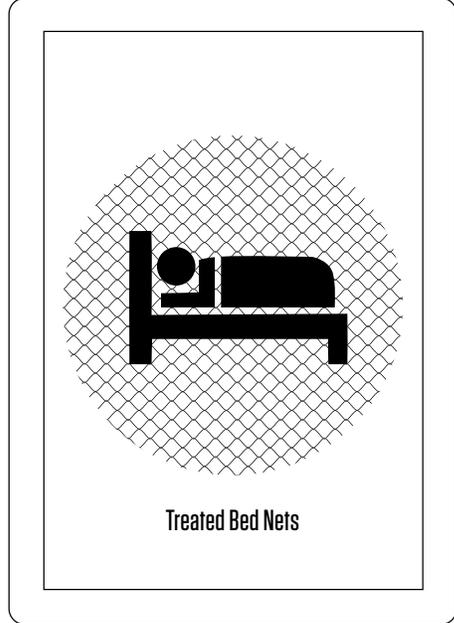
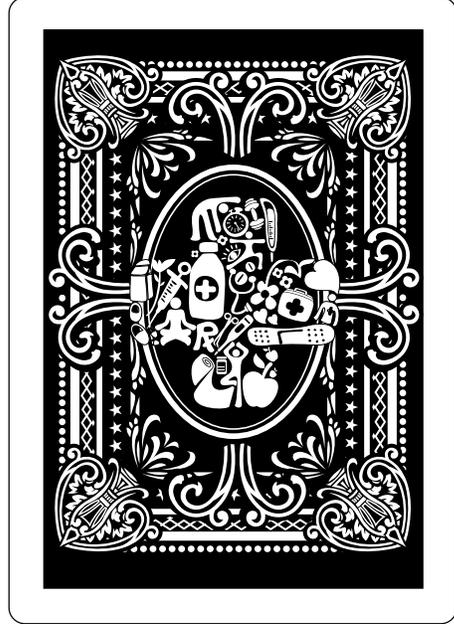
UNICEF, “The State of the World’s Children 2008,” www.unicef.org/sowc08/docs/sowc08.pdf

Good.is, “Transparency: Drinking Water,” www.good.is/post/transparency-drinking-water/

→ When you have completed the Opening Module(s), proceed to **Module 2**
Learning

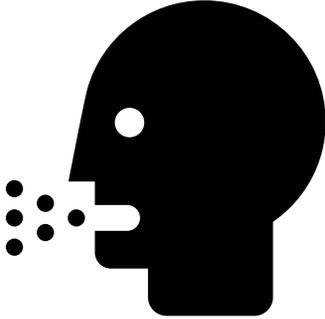
MALARIA MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

 <p>Malaria</p>	 <p>Mosquito Bite</p>	 <p>Treated Bed Nets</p>
		

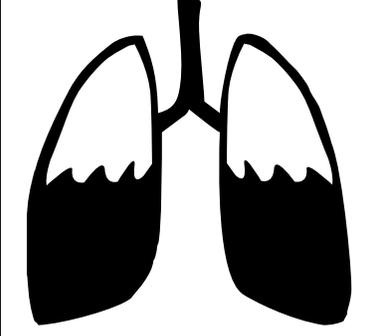
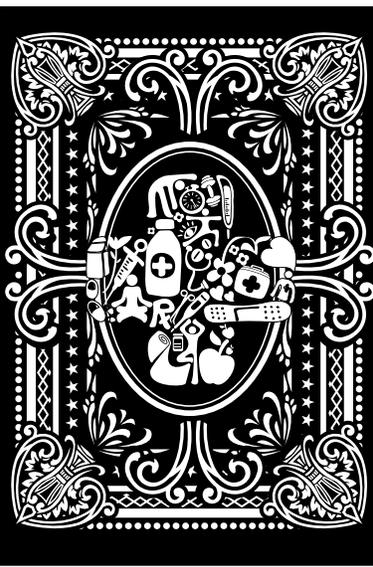
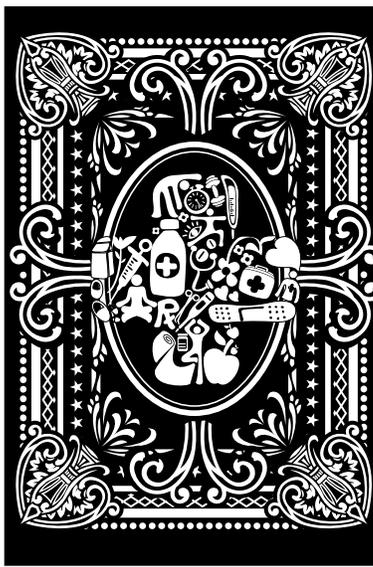
TUBERCULOSIS MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>Tuberculosis</p>	 <p>Coughing</p>	 <p>Antibiotic Drugs</p>
		

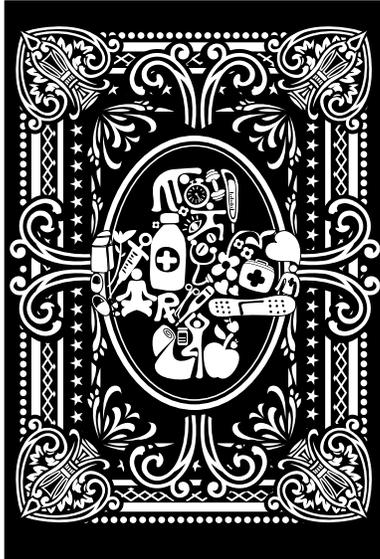
PNEUMONIA MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>Pneumonia</p>	 <p>Fluid in the Lungs</p>	 <p>Immunization</p>
		

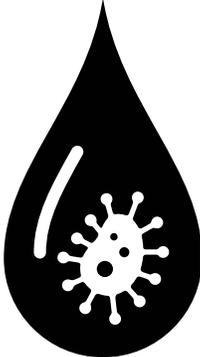
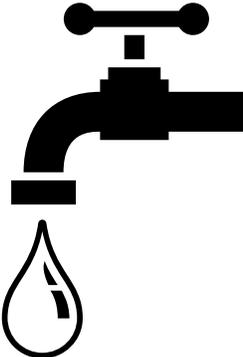
HIV AND AIDS MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>HIV and AIDS</p>	 <p>Unprotected Sex or Sharing Needles</p>	 <p>Anti-Retroviral Drugs</p>
		

DIARRHEA MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>Diarrhea</p>	 <p>Dirty Water</p>	 <p>Clean Water</p>
		



Goal: The purpose of this activity is to identify situations that lead to diarrheal episodes and to explore the causes and the effects of this preventable disease.

MATERIALS

- Case profiles (prior to the gathering, print and cut out enough case profiles so that each participant has one case profile for themselves and one case profile for a child from another country)
- Writing utensils (enough for each participant)
- Dice

INSTRUCTIONS FOR PRESENTER

This activity is a game of chance and probability. You will roll two dice (or one die twice) and announce the number. (As an alternative, if you have multiple pairs of dice, you can separate the participants into groups and let them roll the dice in their small group.) If the number that is rolled appears on a participant's card, they check the box for that roll. You will roll five times for five different statistics that are indicators for likelihood of a diarrheal episode.¹ At the end of the game the participants add up how many boxes they checked. That number is correlated to the severity of the disease.

READ ALOUD

Read the following aloud to prepare the participants for the concepts introduced in this activity.

You have each received case profiles for 4-year-old children in various countries as well as a profile that you will fill in for yourself. Young children are fairly susceptible to illnesses because their immune system is still developing. In this activity we are going to imagine that you and all the children in the profiles are experiencing an episode of diarrhea.

INSTRUCTIONS

1. Read aloud: "Let's take a second to discuss what causes diarrhea. Does any one know what causes diarrhea?" (Bacteria, parasites, overripe or unripe produce, uncooked meats, inedible berries.)
2. Instruct the participants to take a moment to fill out their personal case profile and to read their case profiles from another country.
3. Read aloud: "Now we will take our chances with probabilities to see what situations you are in."
4. Roll the dice for the first statistic, the likelihood that a child is underweight. Total the number and announce. Read aloud: "If this number appears on your card, check the box." (If you are using one set of dice for the whole group, you can invite participants to volunteer to roll for each round and announce the score to the group.)
5. Repeat instruction #4 four times, once for each of the remaining statistics (literacy, access to clean water, access to sanitation, access to medicine).
6. Have the participants add up their marks. Interpret their scores with the following key.
 - **Zero marks**—you experienced minimal discomfort when you were ill with diarrhea, you were treated and regained your health relatively quickly.
 - **One mark**—you experienced some discomfort when you were ill with diarrhea. You missed minimal school and your parents may also have had to miss a day or two of work to care for you.

¹ All the statistics for this activity are available online at www.cia.gov/library/publications/the-world-factbook, and UNICEF, www.unicef.org/infobycountry/index.html





- **Two marks**—your experience with diarrhea got worse quickly. You were very ill for a long time. You missed a significant amount of school and your parents missed several days of work to care for you.
 - **Three marks**—you were severely ill and have not been able to get better. Episodes of diarrhea are reoccurring. Your body is not absorbing nutrients well and you are becoming malnourished. It is hard for you to attend school, and your parents' jobs are suffering because they miss work often to care for you.
 - **Four marks**—your diarrhea has caused you to become malnourished. Your immune system is significantly weakened and you are always sick. You rarely go to school and one of your parents has had to stop working in order to care for you.
 - **Five marks**—the diarrhea was so severe it took your life.
- b. How does this impact health? (endangers health because bacteria thrive in unsanitary conditions. The more bacteria, the more likely they will be ingested, transmitted, etc. Without clean water and sanitation recovery from the disease is very difficult.)
6. What factors determine whether or not people receive adequate care when they are sick? (access to health care—money, education, resources, transportation)
 - a. How does this impact health? (without receiving qualified care and access to medicine patients may not be treated correctly, or not treated at all, decreasing the chance of recovery)
 7. In this exercise we used chance—a roll of the dice—to determine the conditions in which children lived. What factors may contribute to these conditions in real life? (social unrest, political instability, race, gender, etc.)
 8. What happened as a result of the children becoming very ill? (unable to attend school, parents unable to work, child became even more unhealthy)
 - a. How could that affect the family and/or community as a whole? (family will not have an income, or be able to produce own food, especially if they all become sick, communities are full of children who may not have received a good education, families lose children to illness, malnutrition leads to developmental deficiencies that decrease productivity)

QUESTIONS FOR DISCUSSION

1. Share the stories from the profile you had.
2. What made you more susceptible to diarrhea?
3. What causes children to be underweight? (lack of food, nutrients)
4. What do you notice about the literacy rate regarding men and women? (in most cases fewer women are literate than men)
 - a. Why the disparity?
 - b. Why is this significant? (inhibits women from being fully active in their community; limits their abilities to make decisions for themselves)
 - c. How does it impact health? (may inhibit trips to the doctor, understanding medical treatment and procedures)
5. What is the difference between urban and rural communities? (rural communities are less likely to have access to improved drinking water and sanitation facilities)
 - a. Why are there differences? (fewer people, fewer resources, less government/outside attention to less populated areas)



When you have completed the Learning Module(s), proceed to

Module

3

Closing and ACTION



CASE PROFILE: YOU!

Mark your own profile to compare with children from different countries in the world.

- 1. I am underweight.
- 2. My parents cannot read.
- 3. I do not have access to clean water.
- 4. I do not have a flushing toilet or working sewage system.
- 5. I do not have access to adequate fluids and food when I am ill.

Number of boxes marked: _____

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- 5. I do not have access to adequate fluids and food when I am ill.

Number of boxes marked: _____



CASE PROFILE: AN IRAQI CHILD

You are a 4-year-old child living in Iraq. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 10 percent of children in Iraq are underweight. If the dice add up to **2, 3, or 12**, you are underweight so mark this box.
- 2. 84.1 percent of men are literate. However, your primary caregiver is a woman. Only 64.2 percent of women are literate. If the dice add up to **2, 8, 9, 11, or 12**, your primary caregiver cannot read so mark this box.
- 3. 88 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 56 percent of people have access to improved drinking water. If the dice add up to **3, 5, 6, or 9**, you do not have access to improved drinking water so mark this box.
- 4. 80 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 69 percent of people have access to improved sanitation facilities. If the dice add up to **8, 9, or 11**, you do not have access to improved sanitation facilities so mark this box.
- 5. 7 in 20 children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **8, 9, 10, 11 or 12**, you do not receive adequate fluids or nutrition while you are ill with diarrhea so mark this box.

Number of boxes marked: _____

CASE PROFILE: A CAMBODIAN CHILD

You are a 4-year-old child living in Cambodia. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 43 percent of children in Cambodia are underweight. If the dice add up to **4, 5, 8 or 9**, you are underweight so mark this box.
- 2. 84.7 percent of men are literate. However, your primary caregiver is a woman. Only 64.1 percent of women are literate. If the dice add up to **2, 8, 9, 11, or 12**, your primary caregiver cannot read so mark this box.
- 3. 80 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 61 percent of people have access to improved drinking water. If the dice add up to **2, 3, 10, 11, or 12**, you do not have access to improved drinking water so mark this box.
- 4. 62 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 19 percent of people have access to improved sanitation facilities. If the dice add up to **2, 3, 4, 6, 7, 8, 9, 11, or 12**, you do not have access to improved sanitation facilities so mark this box.
- 5. Half of the children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **4, 5, 6, or 7**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____



CASE PROFILE: A TURKISH CHILD

You are a 4-year-old child living in Turkey. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 5 percent of children in Turkey are underweight. If the dice add up to **3**, you are underweight so mark this box.
- 2. 95.3 percent of men are literate. However, your primary caregiver is a woman. Only 79.6 percent of women are literate. If the dice add up to **4** or **5**, your primary caregiver cannot read so mark this box.
- 3. 98 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 95 percent of people have access to improved drinking water. If the dice add up to **2** or **12**, you do not have access to improved drinking water so mark this box.
- 4. 96 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 72 percent of people have access to improved sanitation facilities. If the dice add up to **5** or **7**, you do not have access to improved sanitation facilities so mark this box.
- 5. 81 percent of children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **2, 3, 4, 6, 7, 8, 9, 11, or 12**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____

CASE PROFILE: A SOMALI CHILD

You are a 4-year-old child living in Somalia. Percentages bases on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 48 percent of children in Somalia are underweight. If the dice add up to **3, 8, 9, 10, 11, or 12**, you are underweight so mark this box.
- 2. 49.7 percent of men are literate. However, your primary caregiver is a woman. Only 25.8 percent of women are literate. If the dice add up to **2, 3, 4, 5, 6, 8, 9, or 10**, your primary caregiver cannot read so mark this box.
- 3. 63 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 10 percent of people have access to improved drinking water. If the dice add up to **2, 3, 4, 5, 6, 7, 8, 10, 11, or 12**, you do not have access to improved drinking water so mark this box.
- 4. 51 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 7 percent of people have access to improved sanitation facilities. If the dice add up to **2, 4, 5, 6, 7, 8, 9, 10, 11, or 12**, you do not have access to improved sanitation facilities so mark this box.
- 5. 93 percent of children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **2, 4, 5, 6, 7, 8, 9, 10, 11, or 12**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____



CASE PROFILE: A BRAZILIAN CHILD

You are a 4-year-old child living in Brazil. Percentages bases on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 5 percent of children in Brazil are underweight. If the dice add up to **11** you are underweight so mark this box.
- 2. 88.4 percent of men are literate. However, your primary caregiver is a woman. Fortunately, 88.8 percent of women are literate. If the dice add up to **2** or **4**, your primary caregiver cannot read so mark this box.
- 3. 97 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 58 percent of people have access to improved drinking water. If the dice add up to **5, 6, or 7**, you do not have access to improved drinking water so mark this box.
- 4. 84 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 37 percent of people have access to improved sanitation facilities. If the dice add up to **5, 6, 7, 8, or 10**, you do not have access to improved sanitation facilities so mark this box.
- 5. 72 percent of children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **2, 3, 4, 5, 7, 9, 10, 11, or 12**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____



Closing and ACTION

Goal: The goal of this module is to summarize the key learning points and to give concrete actions your congregation or group can take to combat hunger and disease in the world.

MATERIALS

- As described in the activities below

INSTRUCTIONS FOR THE PRESENTER

Before the gathering go through the list of activities in this module. Pick one or two that you can use to close your time together. Some of the activities require significant planning and preparation, so you may want to use this closing and action time to create a committee or delegate various responsibilities. After you are finished with the activity (or activities), conclude with a song and/or prayer from the opening module.

READ ALOUD

Read the following aloud to prepare people for the activity:

In our time together we have explored the many ways in which disease causes hunger as well as how hunger leads to disease. The two are engaged in a malicious cycle. Our activities used HIV and AIDS, malaria, diarrheal diseases, pneumonia, and tuberculosis to demonstrate this cycle. In identifying the cycle, we acknowledge the fact that hunger cannot be solved without resolving disease, and there is no solution to hunger without fighting disease.

We hope you will leave with the following main ideas:

- Hunger is a craving or urgent need for food or a specific nutrient. Lack of food and specific nutrients leads to a decreased immune system, malnutrition, and diseases of deficiency.
- Disease leads to increased nutritional needs, which are difficult or impossible for someone experiencing hunger to meet.

- Hunger leads to undernourishment, making treatments for disease less effective.
- Disease leads to decreased energy levels, meaning that someone suffering from disease is not as productive and they cannot work to provide an income, grow their own food, raise their own animals, care for their family, or care for themselves, and the cycle of disease and hunger continues.

Hunger and disease in our world will not end without your **action**. All of our actions, even small ones, add up to make a big difference.

INSTRUCTIONS

Below is a list of takeaways—actions—related to today's gathering that you can incorporate into your life right away to help end hunger and poverty in our world.

After doing the activity (or activities), take some time to talk as a group about the other ideas listed here. What might you do together? What might you do individually? Who else might you invite to join you? This is certainly not a comprehensive list, and your group may create a list of its own—GREAT!

Please share with us what you and your group are doing in your community to end hunger around the corner and the globe. We would love to hear about your good work! Share your story at hunger@elca.org or at ELCA World Hunger's online social networking site, The Table (www.elcaworldhunger.ning.com.)





PRAYER AND WORSHIP

- **Prayer Circle**

Invite each person in the group to write a short prayer for those who are hungry and suffering from disease. Compile the prayers onto one sheet and copy for each person. Ask participants to pray this week for those who are hungry and experiencing disease using the prayers created by your group. You can also give them to your pastor and/or worship team leader and encourage them to be incorporated into next Sunday's worship prayers.

- **Days of our Lives**

There are many "World Days," such as World AIDS Day (December 1st) and World Malaria Day (April 25th), that commemorate and remember those who live with or have died from a particular disease. Mark these important days during worship with prayers, candle lighting and provide an opportunity for your community to act together. There are many resources online to help you plan such an event. Start with:

www.elca.org/aids

www.who.int/mediacentre/events/annual/malaria/en/index.html

www.worldaidscampaign.org

GIVE, VOLUNTEER, CREATE

- **Sheep and Shots**

Challenge your campus and/or congregation to raise funds to support the hunger and health ministries of ELCA World Hunger. Did you know that \$125 buys a sheep for a family, and that sheep will provide them with food, funds, and fertilizer? Did you know that just \$50 purchases immunizations against preventable diseases for a child? Create a challenge! See how many sheep and shots your group can purchase. To learn more visit: www.elca.org/goodgifts.

If you are ambitious, plan an alternative gift fair for your congregation, campus, or community. A step-by-step guide to planning one is available at www.elca.org/hunger. At the fair, encourage people to purchase sheep and shots!

- **Super Size That Please**

Gather a group from your congregation or campus and volunteer with a local agency that provides healthy meals for those who are suffering from sickness or disease in your community. Many volunteers are needed to collect donations, prepare and deliver food, and visit with those who are unable to care for themselves.

- **Health Kits for the World**

People who must flee their homes quickly often do not have time to pack essential items. Health kits can help refugees maintain personal hygiene while living in exile. Learn more about how your congregation can create health kits for refugees around the world through our trusted partner Lutheran World Relief. To learn more, visit www.lwr.org/parish/healthkit. Offer a special prayer of protection and care for those who will receive the kits before you mail them.

- **Casting Your Net**

Purchase anti-Malaria nets through the ELCA Good Gifts catalog. When properly used, bed nets significantly reduce the spread of Malaria by protecting individuals from mosquitoes while sleeping. \$10 provides the net, distribution, and education on how to use the net properly. See if you can purchase a net for each person who attended your session. This option would also be a terrific addition to an alternative gift fair in your congregation, on your campus, or in your community. Again, to learn more about hosting a fair, visit www.elca.org/hunger.

ADVOCATE

- **Stay Connected**

Sign up for the ELCA e-Advocacy network and receive action alerts on timely legislative issues that help to end hunger in the world. Visit http://ga6.org/elca_advocacy/join.tcl.

Connect with your ELCA State Public Policy Office and learn about opportunities to act in your state on behalf of those who are most vulnerable. To see if your state has an ELCA Public Policy Office visit www.elca.org/advocacy/state.



- **Power of the Pen**

Write a letter to your elected officials about a topic you received from an e-Advocacy alert. Find out who your officials are by visiting www.elca.org/advocacy. For directions on how to write an advocacy letter or prepare a phone call to an elected official, see the Climate Change and Hunger Toolkit's "Closing and Action" module (www.elca.org/hunger/toolkits).

Write a letter to the editor of your local newspaper to express concern for those most in need and to encourage others to support public policies that help end poverty.

- **Coffee Talk**

Meeting with your members of Congress is one of the best ways to advocate for the issues you care about. They are interested in knowing about the concerns of their constituents. By visiting their offices or inviting them to attend a public event or meeting, you are building a personal relationship while asking them to take leadership in working for those most in need. A step-by-step guide on how to make this happen is available at www.elca.org/advocacy/resources.

EDUCATE YOURSELF AND OTHERS

- **Health Fair**

Partner with a local non-profit agency or hospital to organize a health fair in your congregation, campus, and/or neighborhood. Provide routine health screenings, health education information, and an opportunity to ask questions of a health care professional.

- **Know your Status—GET TESTED!**

On its own or as part of a health fair (such as the one describe above!) offer or encourage HIV testing and counseling. Testing is safe, fast, and confidential and should be a part of your annual health exam. Testing allows people to know their status as well as help break the stigma surrounding the disease.

- **Connect with Others Who Care**

Join the ELCA World Hunger Facebook Cause, follow us on Twitter (@hungerbites), and/or join our new social networking group, "The Table" at www.elcaworldhunger.ning.com. When you join The Table, be sure to join the group titled Hunger Education Toolkits to chat with others who have used this same resource in their home communities and congregations.

Text ELCA World Hunger and be registered for monthly Justice Challenges. Text the word "justice" to 464329 to register. There is no cost other than your standard text messaging rates for your cell phone plan.

Connect with your synod's hunger team and learn what others in your area are doing... and join them. To learn more, contact your synod office or ELCA World Hunger at hunger@elca.org.

- **Read All About It**

Visit www.elca.org/hunger and learn all about the exciting and life-giving work of ELCA World Hunger. Then tell someone about it.

Subscribe to and read the ELCA World Hunger blog "Hunger Rumbblings" at <http://blogs.elca.org/hungerrumbblings>

- **Resource Central**

Check out the ELCA World Hunger *Top 40 Resource Catalog*. These resources have been created to help you educate and mobilize yourself, your family, and your community to help end hunger. Most are available at no cost to you. Find the catalog at www.elca.org/hunger/top40.



Pop Quiz! Disease and Hunger: Intersections

Module **1**: Opening

Activity Level: Low

Goal: This activity will define hunger and malnutrition and demonstrate their impact on health. The questions raised are meant to draw attention to the intimate connection between hunger and disease.

MATERIALS

- Questions and answers (provided below)

INSTRUCTIONS FOR PRESENTER

Welcome the participants to the session on hunger and disease. To prepare the people's hearts and minds for the time together, choose one of the following prayers and/or hymns listed below or choose your own.

PRAYERS

1. Healing God, teach us to receive the sick and the hungry with the love of Christ to ensure they are made whole in our community. Help us to serve them in their time of need, especially with food to nourish their bodies and love to comfort their souls. In Christ's name we pray. Amen.
2. Let us pray for an end to pandemic disease throughout the world, that plagues of sickness and death may no longer fuel poverty, destabilize nations, and inhibit reconciliation and restoration throughout the world.
O God, the strength of the weak and the comfort of all who suffer: grant your saving health to all who are afflicted by disease throughout the world. Bless the labors of those who minister to the sick, and unite the wills of nations and people in seeking an end to the pandemics of our age; that sickness may be turned to health, sorrow to joy and mourning turned to praise of your holy name. God of love, in your mercy, hear our prayer. *(Adapted from "A Bidding Prayer for an End to Global Poverty and Instability" by the Episcopal Office of Government Relations)*

3. Make us worthy, Lord, to serve our fellow human beings throughout the world who live and die in poverty and hunger. Give them through our hands this daily bread, and by our understanding love, give peace and joy. Amen. *(ELW, additional prayers, spiritual life, a prayer of Mother Theresa of Calcutta, page 87)*
4. Say a prayer yourself or invite a member from the group gathered to offer one.

SONG SUGGESTIONS

(from Evangelical Lutheran Worship [ELW] or With One Voice [WOV])

- ELW 610
O CHRIST, THE HEALER, WE HAVE COME
- ELW 612
HEALER OF OUR EVERY ILL
- WOV 748
BIND US TOGETHER
- WOV 763
LET JUSTICE FLOW LIKE STREAMS
- WOV 766
WE COME TO THE HUNGRY FEAST
- WOV 779
YOU WHO DWELL IN THE SHELTER OF THE LORD





READ ALOUD

Read the following aloud to prepare participants for the content in this activity:

Many of us have access to good food, clean water, sufficient nutrition and we live in sanitary conditions. In our world today 1.02 billion people are estimated to be hungry, 2.4 billion people do not have access to clean water, 947 million people are undernourished and 2.4 billion lack access to proper sanitation facilities. Sometimes we don't recognize the disparity these differences cause. Each of them, however, impacts the health of our global community. This activity raises questions to stir thoughts and discussion about the effects of hunger on health.

INSTRUCTIONS

OPTION 1:

1. Present the questions to all participants.
2. Read the questions out loud together, one at a time, and have the group come to a consensus on an answer. You as the leader may read all the questions or you could have participants take turns reading the questions or one person could volunteer to read all of them.
3. The moderator should provide the correct answer and explanation as each answer is given.

OPTION 2:

1. Present the questions to pairs or small groups of participants.
2. Have each group read aloud and answer the questions together.
3. When everyone is finished answering their questions have each group take turns reading one question and their answer aloud.
4. The moderator should provide the correct answer and explanation as each answer is given.

POP QUIZ! DISEASE AND HUNGER: INTERSECTIONS

1. Hunger is defined as:
 - A) the feeling you get when you want to eat food
 - B) not getting enough nutrients for a healthy, active life
 - C) not eating three meals a day
 - D) a pain in your stomach
2. Malnutrition is defined as:
 - A) not eating enough food
 - B) having less than 3 percent of body fat
 - C) inadequate or excessive intake of vitamins, minerals and calories
 - D) eating too much food
3. Malnutrition causes increased susceptibility to disease.
True
False
4. What percentage of the world's population dies prematurely or has a disability because of poor nutrition/calorie deficiencies?
 - A) 5 percent
 - B) 15 percent
 - C) 25 percent
 - D) 33 percent
5. Lack of what nutrient causes blindness?
 - A) Vitamin A
 - B) Iodine
 - C) Iron
 - D) Vitamin D



6. What disease causes the most deaths among children under the age of five?
 - A) AIDS
 - B) Malaria
 - C) Pneumonia
 - D) Measles
7. What is the gastrointestinal ailment that causes the largest number of deaths worldwide?
 - A) Colon cancer
 - B) Diarrhea
 - C) Gall bladder removal
 - D) Swallowing money—hey we were all kids once!
5. **A**—Certain deficiencies contribute greatly to hunger-related injury and mortality.
 - Not enough vitamin A causes night blindness and further increases susceptibility to disease. Vitamin A is found in whole eggs, milk, liver, carrots, cantaloupe, sweet potatoes, and spinach among other food sources (Centers for Disease Control and Prevention, www.cdc.gov/nutrition/everyone/basics/vitamins/index.html).
 - Iodine deficiency (B) disorders cause mental health impairments as well as threaten lives. It may result in stillbirths, abortions, physical abnormalities, or retardation (World Hunger Education Service “World Hunger Fact Sheet 2009,” www.worldhunger.org/articles/Learn/world%20hunger%20facts%202002.htm). Iodine is found in iodized salt and seafood among other sources (Centers for Disease Control and Prevention, www.cdc.gov/nutritionreport/part_4a.html).
 - Iron deficiency (C) is the leading cause of anemia, which leads to decreased energy and strength. Low iron is exacerbated by malaria and worm infections, making it very hard for a body to fight these parasites. Later on in life iron deficiencies lead to impaired physical and cognitive development making work or education very difficult or impossible. Iron is found in red meat, fish, poultry, lentils, and beans among other food sources (Centers for Disease Control and Prevention, www.cdc.gov/nutrition/everyone/basics/vitamins/index.html).
 - Vitamin D deficiency (D) causes rickets in children, a disease marked by impaired bone growth which leads to soft bones and skeletal deformities. A vitamin D deficiency also causes osteomalacia which causes weak muscles and bones. Food sources include fish, cheese, and egg yolks. However, most vitamin D intake comes from sunlight (Centers for Disease Control and prevention, www.cdc.gov/nutrition/everyone/basics/vitamins/index.html).

ANSWERS TO “POP QUIZ!”

1. **B**—In 2009, 1.02 billion people are estimated to be hungry (Food and Agriculture Organization of the United Nations, www.fao.org/news/story/en/item/20568/icode/). 25,000 people per day die from hunger and its related complications (World Food Programme, www.wfp.org/hunger).
2. **C**—It is possible to have enough food but still be lacking essential vitamins and nutrients. Over one billion people in the world are undernourished, some of whom may have enough food to fill their stomachs. (Bread for the World “Hunger Facts: International,” www.bread.org/learn/hunger-basics/hunger-facts-international.html).
3. **True**—Malnutrition causes increased susceptibility to disease as well as early death (World Health Organization “Nutrition,” www.who.int/nutrition/topics/vad/en/index.html and www.who.int/water_sanitation_health/diseases/malnutrition/en/). Hunger and malnutrition are the number one risk to health world wide (World Food Programme, www.wfp.org/hunger).
4. **D**—Nearly one in three people die prematurely or have a disability because of poor nutrition and calorie deficiencies (Food and Agriculture Organization of the United Nations, www.fao.org/news/story/en/item/20568/icode/).



- 6. C**—Approximately 11 million children under the age of five die each year and undernutrition is implicated in up to 50 percent of their deaths (World Health Organization “Nutrition” www.who.int/nutrition/topics/vad/en/index.html, www.who.int/water_sanitation_health/diseases/malnutrition/en/). 16,000 kids a day, or one every five seconds, die from hunger or related problems (Bread for the World “Hunger Facts: International”: www.bread.org/learn/hunger-basics/hunger-facts-international.html).
- 7. B**—Over 2.4 billion people lack access to proper sanitation facilities and 1.2 billion lack access to clean water. About two million children die every year—6,000 a day—from preventable infections spread by dirty water or improper sanitation facilities (ELCA Advocacy “The Millennium Development Goals” <http://archive.elca.org/advocacy/one/05-06-23-mdg.html>).

QUESTIONS FOR DISCUSSION

1. Did any of the answers surprise you? Which one? Why?
2. What answers stood out the most to you?
3. What is the difference between malnutrition and hunger? How are they similar? (For these two related questions, draw out the fact that one may be fed but not have the nutrients they need to avoid disease. In short, one may not be hungry but still be malnourished. However, if one is hungry, they will likely be malnourished as well.)

POINTS TO EMPHASIZE

1. This exercise is intended to help us realize not only the importance of having enough food, but the importance of having nutritional food.
2. Not everyone has the same access to resources that keep them healthy or access to healthcare to get better when they are ill.



When you have completed the Opening Module(s), proceed to

Module 2

Learning



Disease and Hunger Memory

Module **1**: Opening

Activity Level: **Medium**

Goal: This activity is designed to introduce participants to five specific diseases that particularly afflict those who are poor: malaria, tuberculosis, pneumonia, diarrhea, HIV and AIDS. The discussion questions that follow the activity are intended to draw attention to the relationship between disease and hunger.

MATERIALS

- **Memory cards**—one set per group (provided below)
- **Answer key**—for the moderator (provided below)

INSTRUCTIONS FOR PRESENTER

Welcome participants to the session on disease and hunger. To invite people into the experience, choose one of the following prayers and/or hymns listed below or choose your own.

PRAYERS

1. Healing God, teach us to receive the sick and the hungry with the love of Christ to ensure they are made whole in our community. Help us to serve them in their time of need, especially with food to nourish their bodies and love to comfort their souls. In Christ's name we pray. Amen.
2. Let us pray for an end to pandemic disease throughout the world, that plagues of sickness and death may no longer fuel poverty, destabilize nations, and inhibit reconciliation and restoration throughout the world. O God, the strength of the weak and the comfort of all who suffer: grant your saving health to all who are afflicted by disease throughout the world. Bless the labors of those who minister to the sick, and unite the wills of nations and people in seeking an end to the pandemics of our age; that sickness may be turned to health, sorrow to joy and mourning turned to praise of your holy name. God of love, in your mercy, hear our prayer. *(Adapted from "A Bidding Prayer for an End to Global Poverty and Instability" by the Episcopal Office of Government Relations)*

3. Make us worthy, Lord, to serve our fellow human beings throughout the world who live and die in poverty and hunger. Give them through our hands this daily bread, and by our understanding love, give peace and joy. Amen. *(ELW, additional prayers, spiritual life, a prayer of Mother Theresa of Calcutta, page 87)*
4. Say a prayer yourself or invite a member from the group gathered to offer one.

SONG SUGGESTIONS

(from Evangelical Lutheran Worship [ELW] or With One Voice [WOV])

- ELW 610
O CHRIST, THE HEALER, WE HAVE COME
- ELW 612
HEALER OF OUR EVERY ILL
- WOV 748
BIND US TOGETHER
- WOV 763
LET JUSTICE FLOW LIKE STREAMS
- WOV 766
WE COME TO THE HUNGRY FEAST
- WOV 779
YOU WHO DWELL IN THE SHELTER OF THE LORD



Evangelical Lutheran Church in America
God's work. Our hands.



READ ALOUD

Read the following aloud to prepare participants for the content of this activity:

When we hear how to address the challenges of malaria, tuberculosis (TB), pneumonia, HIV and AIDS, and diarrhea, we think of medical cures or treatments. It is not often that we consider the issues surrounding the disease and the impact of other factors on health, such as food, water, and living conditions. This activity will help us think of adequate nutrition, clean water and sanitary living conditions as necessary steps in helping our global community combat disease.

INSTRUCTIONS

1. Before the meeting, be sure to cut out the memory cards. Copy and cut enough sets to accommodate the number of people you expect.
2. Split participants into small groups of two or three people. One set of memory cards should be available to each group.
3. Have each group shuffle and arrange their cards face down.
4. In their groups, participants take turns turning up cards in an attempt to find the three that are associated. First one card is flipped over, then a second. If the two are associated (e.g., the first card is a mosquito and the second is a bed net), the participant flips over a third card. Whenever a non-associated card is turned over, all pieces should be returned to their face down position and the next participant begins their turn. However, if the third card is associated, the participant keeps the group of cards and begins searching for another set of three. Associated cards equal a disease, a symptom/cause, and a solution. (The moderator can use the answer key to answer any questions about which pieces are associated with each other.)
5. After all groups finish the memory card activity, or after a set amount of time use the follow-up questions to direct discussion. Have the participants use the memory cards to answer each question by raising the corresponding memory card.

ANSWER KEY

For the purpose of this activity the cards associated with each other are as follows:

Malaria—mosquito bite—treated bed nets

Tuberculosis—coughing—antibiotic drugs

Pneumonia—fluid in the lungs—immunization

HIV and AIDS—unprotected sex or sharing needles—anti-retroviral drugs

Diarrhea—dirty water—clean water

ACTIVITY QUESTIONS

After the memory card activity, participants are going to learn more about the five diseases introduced in the activity. Use the following questions to explore the relationship between disease and poverty/hunger. Ask each question aloud and let participants call out which of the five diseases they think is the correct answer.

To begin, read the following aloud: “We are going to explore in greater detail the connections between the five diseases introduced in the memory card activity and hunger. Remember, the diseases are malaria, TB, pneumonia, HIV and AIDS, and diarrhea. If you think you know the answer to the following questions, shout it out!”

1) *Which disease is the number one killer of children under the age of five?*

Answer: **Pneumonia**

- Pneumonia kills more people worldwide than any other disease, more than AIDS, malaria, and measles combined.

2) *Which disease is preventable?*

Answer: **ALL**

- **Pneumonia**—Vaccines and general sanitation.
- **Diarrhea**—Clean water and sanitation. Diarrhea episodes could be reduced by 50 percent through simple home treatment with chlorine tablets, ceramic filters, solar disinfection, or purifying filters; 23 percent by improving sanitation; and 23 percent by improving the water supply.



- **Malaria**—Proper use of bed nets (which involves both having the bed nets and being educated about how to use them properly).
- **HIV and AIDS**—For individuals, education about safer sex practices and not sharing needles (for IV drug use). In healthcare settings, universal precaution and infection control protocol.
- **Tuberculosis**—Prevent exposure; people with HIV and AIDS are particularly susceptible to the disease.

3) ***Which disease is made worse by hunger and/or malnutrition?***

Answer: **ALL**

- Ask the group: Why do you think diseases are made worse by hunger and/or malnutrition? Watch for answers like increased nutritional needs when one is sick; already depressed immune system; inability to take necessary medications (e.g., anti-retroviral drugs for HIV and AIDS must be taken with food to be effective).

4) ***Which disease is the leading killer of people infected with HIV and AIDS?***

Answer: **Tuberculosis**

- HIV weakens the immune system allowing infections such as tuberculosis to develop. These opportunistic infections are of great concern to those living with HIV or AIDS.

5) ***Which disease disproportionately affects people of color and those who are poor in the United States?***

Answer: **HIV and AIDS**

- The epidemic in the African American community in the United States closely resembles the generalized epidemic in sub-Saharan Africa. Although African Americans total 13 percent of America's population, they account for 49 percent of those diagnosed with HIV and AIDS.
- Homelessness: The National AIDS Housing Coalition reports that “the conditions of homelessness and extreme poverty—the inability to maintain intimate relationships, pressures of daily survival needs, and substance use as a response to stress and/

or mental health problems—leave homeless and unstably housed persons extremely vulnerable to HIV infection.” People who are homeless or unstably housed have “rates of HIV infection...three to sixteen times higher...[than] similar [individuals] who are stably housed.”

- Unemployment: One study found that as many as 45 percent of those infected with HIV in the United States are unemployed.
- It should be noted that HIV and AIDS is a tragic epidemic internationally as well.

6) ***Which disease kills six thousand children a day but could be reduced by 42 percent with simple hand washing?***

Answer: **Diarrhea**

- Clean water and sanitation are key to addressing this disease.

7) ***Which disease decreases a person's productivity and ability to provide for themselves and their families?***

Answer: **ALL**

- Brainstorm for a moment together about the things that are difficult to do when you are sick.
- Next, think about people living in conditions different than your own. Think, for example about those living in industrialized vs. developing countries (or, more properly, Global North vs. Global South) or those living in urban vs. rural communities. What might people in those various contexts need to do on a daily basis? How might illness affect their productivity? Some answers to watch for and perhaps discuss further: working, tending garden, taking care of animals, harvesting crops, getting clean water, going to school, caring for someone who is sick.
- Consider also what happens to a family when the parents or primary breadwinners die from disease.



8) *Which disease has been almost completely eradicated in the United States?*

Answer: **Malaria**

- The Centers for Disease Control and Prevention came into being in 1947 for the purpose of eliminating malaria (since then the Centers has found a more permanent place). Between 1947 and 1949 the National Malaria Eradication Program used DDT to spray homes and fields; over 4,650,000 homes were sprayed. After two years, malaria was considered eradicated in the United States. This can give us hope that malaria can be adequately contained in our time.

QUESTIONS FOR DISCUSSION

1. Which question stood out the most to you?
2. Did any of the answers surprise you? Why?
3. What are some of the ways in which disease and hunger are directly related?

RESOURCES

Centers for Disease Control and Prevention, “Eradication of Malaria in the United States (1947–1951),” www.cdc.gov/malaria/history/eradication_us.htm

Centers for Disease Control and Prevention, “HIV/AIDS and African Americans,” www.cdc.gov/hiv/topics/aa/index.htm

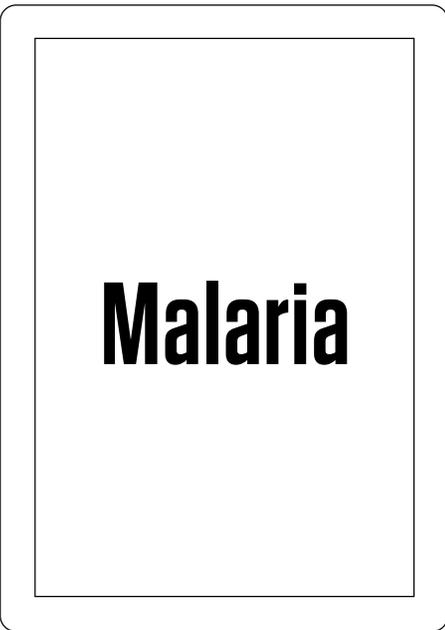
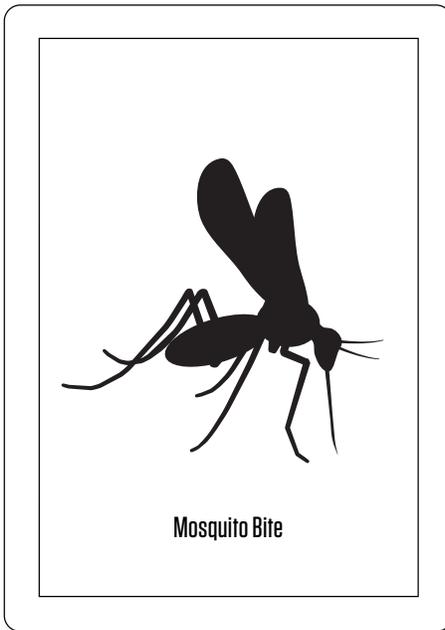
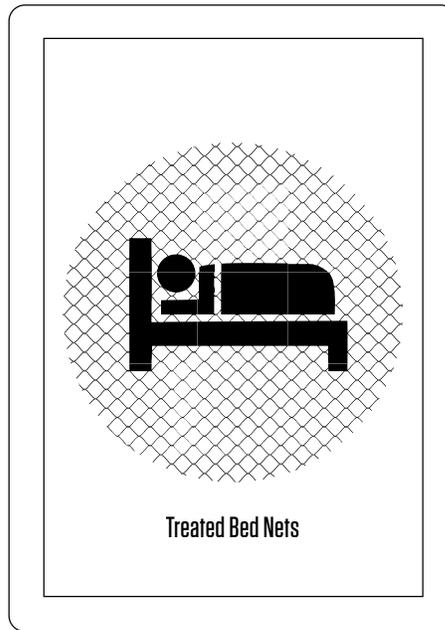
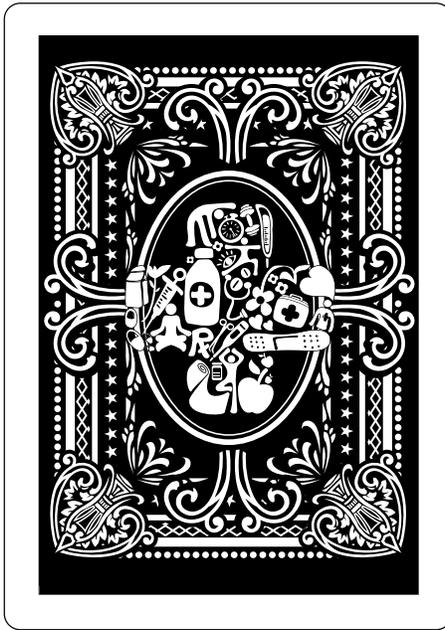
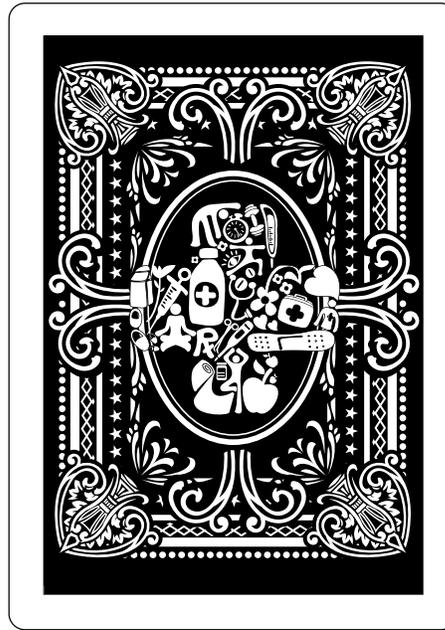
UNICEF, “The State of the World’s Children 2008,” www.unicef.org/sowc08/docs/sowc08.pdf

Good.is, “Transparency: Drinking Water,” www.good.is/post/transparency-drinking-water/

When you have completed the Opening Module(s), proceed to **Module 2**
Learning

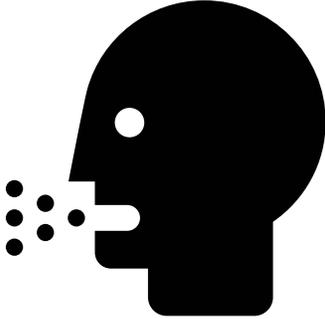
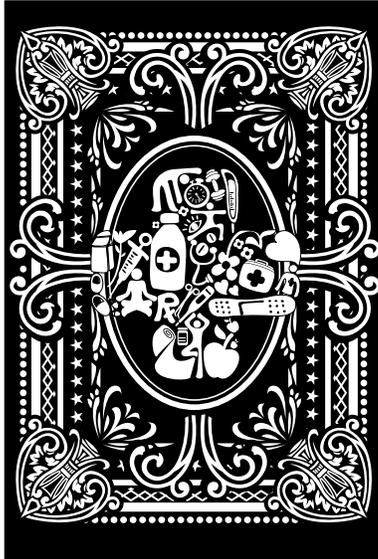
MALARIA MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

 <p>Malaria</p>	 <p>Mosquito Bite</p>	 <p>Treated Bed Nets</p>
		

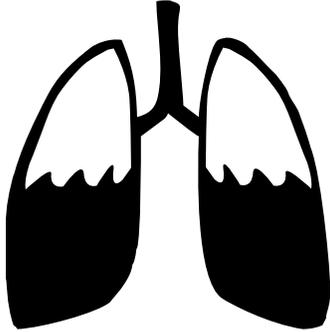
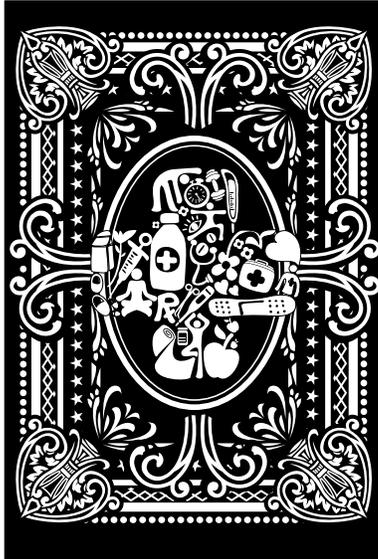
TUBERCULOSIS MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>Tuberculosis</p>	 <p>Coughing</p>	 <p>Antibiotic Drugs</p>
		

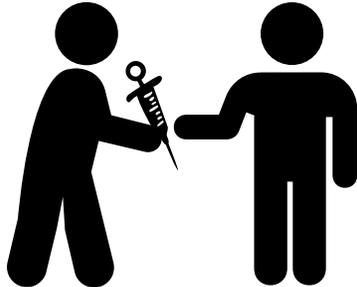
PNEUMONIA MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>Pneumonia</p>	 <p>Fluid in the Lungs</p>	 <p>Immunization</p>
		

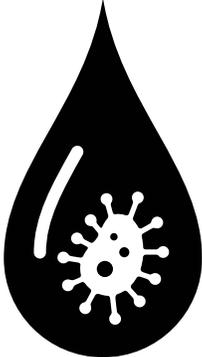
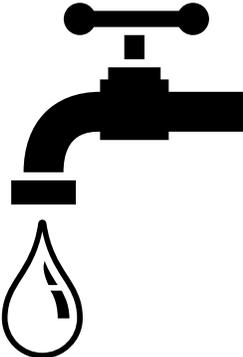
HIV AND AIDS MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>HIV and AIDS</p>	 <p>Unprotected Sex or Sharing Needles</p>	 <p>Anti-Retroviral Drugs</p>
		

DIARRHEA MEMORY CARD SET

Please cut out on dashed line, fold, and glue or tape together.

<p>Diarrhea</p>	 <p>Dirty Water</p>	 <p>Clean Water</p>
		



Defending God's Children

Module **1**: Opening

Activity Level: High

Goal: This activity will demonstrate the link between multiple factors and disease susceptibility, and introduce the discussion of disease as it relates to hunger.

MATERIALS NEEDED

- Seven volunteers (roles: moderator; five people representing Disease, Food, Water, Vitamins/Minerals, and Sanitary Living Conditions, one person representing God's Children)
- Labels—may be used to distinguish each of the six characters represented in the skit

INSTRUCTIONS FOR PRESENTER

Instructions for the Presenter: Welcome participants to the session on disease and hunger. To invite people into the experience, choose one of the following prayers and/or hymns listed below or choose your own.

PRAYERS

1. Healing God, teach us to receive the sick and the hungry with the love of Christ to ensure they are made whole in our community. Help us to serve them in their time of need, especially with food to nourish their bodies and love to comfort their souls. In Christ's name we pray. Amen.
2. Let us pray for an end to pandemic disease throughout the world, that plagues of sickness and death may no longer fuel poverty, destabilize nations, and inhibit reconciliation and restoration throughout the world.
O God, the strength of the weak and the comfort of all who suffer: grant your saving health to all who are afflicted by disease throughout the world. Bless the labors of those who minister to the sick, and unite the wills of nations and people in seeking an end to the pandemics of our age; that sickness may be turned to

health, sorrow to joy and mourning turned to praise of your holy name. God of love, in your mercy, hear our prayer. *(Adapted from "A Bidding Prayer for an End to Global Poverty and Instability" by the Episcopal Office of Government Relations)*

3. Make us worthy, Lord, to serve our fellow human beings throughout the world who live and die in poverty and hunger. Give them through our hands this daily bread, and by our understanding love, give peace and joy. Amen. *(ELW, additional prayers, spiritual life, a prayer of Mother Theresa of Calcutta, page 87)*
4. Say a prayer yourself or invite a member from the group gathered to offer one.

SONG SUGGESTIONS

(from Evangelical Lutheran Worship [ELW] or With One Voice [WOV])

- ELW 610
O CHRIST, THE HEALER, WE HAVE COME
- ELW 612
HEALER OF OUR EVERY ILL
- WOV 748
BIND US TOGETHER
- WOV 763
LET JUSTICE FLOW LIKE STREAMS
- WOV 766
WE COME TO THE HUNGRY FEAST
- WOV 779
YOU WHO DWELL IN THE SHELTER OF THE LORD



Evangelical Lutheran Church in America
God's work. Our hands.



READ ALOUD

Read the following aloud to prepare participants for the content in this activity:

In this activity we will explore the many factors that affect our immune system and therefore our susceptibility to disease.

INSTRUCTIONS

1. Read the following questions aloud and allow time for response.
 - a. What keeps a person healthy?
 - b. What makes a person more susceptible to disease?
2. Clear a space in which seven people may stand and move around comfortably.
3. Ask for six volunteers and introduce their characters.
 - a. **God's Children**—representing any one of God's children
 - b. **Disease**—the bacteria or virus that causes infection
 - c. **Food**—we need adequate calories to provide energy for daily activities as well as keep our bodies functioning
 - d. **Water**—CLEAN water is essential for life
 - e. **Vitamins and Minerals**—tiny quantities are needed for our bodies to function
 - f. **Sanitary Living Conditions**—sanitation facilities, such as working toilets are easy to take for granted; in some homes there are open fire pits for cooking and heating purposes with poor ventilation or individuals who smoke, both of which can cause respiratory problems.
4. Instruct the volunteers representing Food, Water, Vitamins/Minerals, and Sanitary Living Conditions to form a line separating Disease and God's children.
5. Read aloud: Food, Water, Vitamins/Minerals, and Sanitary Living Conditions are some of the individual elements necessary to keep a person healthy.
6. Food, Water, Vitamins/Minerals, and Sanitary Living Conditions should be instructed to hold their hands behind their backs. Instruct these characters to try to protect God's children from Disease. They are free to move to block Disease but they must keep their hands behind their backs.
7. Read aloud: With these individual elements protecting God's children, Disease will try to infect them.
8. Instruct Disease to try to get through the other characters to God's children. Food, Water, Vitamins/Minerals, and Sanitary Living Conditions must still hold their hands behind their backs. [Disease should be able to get through the barrier to God's children.]
9. Read aloud: As you can see, Food, Clean Water, Vitamins/Minerals, and Sanitary Living Conditions on their own are not enough to protect God's children from Disease. Why do you think that is? [Allow time for response and discussion.]
10. This time instruct Food and Water to link arms, and Disease can try again. (Vitamins/Minerals and Sanitary Living Conditions will still keep their hands behind their backs as they try to stop Disease.) After Disease tries (and likely succeeds) to break through, read aloud: Was it harder for disease to break through the barriers this time? [Allow time for response and discussion.]
11. Instruct Food, Water, Vitamins/Minerals and Sanitary Living Conditions to all link arms and have Disease try to get through to God's children again. Read aloud: Could Disease infect the God's children? Why was it so difficult? [Allow time for response and discussion.]
12. This time instruct Food, Water and Sanitary Living Conditions to link arms and Disease can try again. In this round, only Vitamins/Minerals will hold their hands behind their back. Read aloud: Why was the disease able to infect the person this time? [Allow time for response and discussion.]

POINTS TO EMPHASIZE

1. Even with one missing link in the chain, a person becomes more susceptible to infection and illness.
2. Health, hunger, and poverty are all interrelated.
3. This is why ELCA World Hunger uses a comprehensive and connected approach to development when working with communities to address hunger, disease, and other poverty related issues.



When you have completed the Opening Module(s), proceed to

Module

2

Learning



God's Children

Food



Water

Vitamins and Minerals



Sanitary Living Conditions

Disease



HIV and AIDS Case Studies

Module **2**: Learning

Activity Level: Low

Goal: By sharing stories from around the world about what it might be like to live with HIV and AIDS, as well as the programs that are in place to serve those living with the diseases, we hope to achieve a greater understanding of the entire impact of the disease on a person's life.

MATERIALS

- Case Studies and Discussion Questions (provided below)

INSTRUCTIONS

OPTION 1: (ideal for larger groups)

1. Prior to gathering, write the following discussion questions on a black or white board or newsprint where everyone can see and read them. (If this is not an option for you, print off four sheets with the questions and hand them out to each group.)
 - a. How easy was it for this woman to speak with her pastor?
 - b. What problems did this woman have:
 - getting the diagnosis?
 - getting treatment?
 - with her family?
 - c. Was transportation available?
 - d. How was education involved in this situation?
 - e. Was hunger an issue? How so?
 - f. How was this woman helped?
2. Split the participants up into four groups.

3. Have each group start with one case study. Invite each participant to read the case study on their own or have one person read it to the group.
4. Pass on the case studies to the next group. Rotate each case study until all groups have read and discussed each one.
5. As a large group, discuss the questions and what stood out to individuals as they read the case studies.
6. Compare the case studies, again using the discussion questions to guide conversation. Use the following comparative questions to deepen the reflection.
 - a. What circumstances are similar?
 - b. How are the situations different?
 - c. What types of help are needed and/or provided?

OPTION 2: (ideal for smaller groups)

1. Read the case studies aloud as a group one at a time. (Have people volunteer to read aloud.)
2. Discuss the case studies individually. The discussion questions will help guide the conversation.
3. Compare the case studies, again using the discussion questions to guide conversation.





CASE STUDY #1: NEW JERSEY, USA

Angel, a 40-year-old woman, approaches you, her pastor, asking to make an appointment for grief counseling. You have just recently been called to this congregation, so you do not know her well. Her husband, Melvin, just died of a heart attack. He was only 46 years old.

She arrives for her appointment, walking the four blocks from the bus stop. You ask her about symptoms of depression. She admits she has stopped taking her medications, naming medicines you have never heard of. So you ask her to tell you her story.

She tells you that she and Melvin had been married for 20 years, only getting married “after he got clean.” Melvin was a heavy IV drug user, but was able to stop using after going through drug treatment—but it took three times, she tells you. While there, he tested positive for HIV. The local HIV and AIDS clinic was able to begin seeing him, while in the drug program. He started the medications as directed. They were very expensive but he received them under the Ryan White Act. He got a job as a salesman eventually; his insurance covered his medication. Angel herself was tested, and also found to be positive. She had many problems with the medications and developed numerous opportunistic infections. At one time, she was unable to eat due to sores in her mouth—and Melvin was out of town for several months, caring for his elderly mother. The local HIV support group provided her meals and the Visiting Nurses Association brought her medications to her home. Being so ill and having to stay home left her feeling isolated, and when she was finally able to return to her community she was very self-conscious about her illness and feared how people would treat her if they found out she had HIV. She got very upset about her situation; the outreach worker from the community mental health center was able to visit her in her home, with good results.

She tells you that she is bitter, because of Melvin’s early death. He developed high cholesterol and diabetes, as complications from his HIV medications. The doctor told her that was the cause of his heart attack at a relatively young age. Angel tells you she does not want to take the

medications anymore, even though Medicaid will pay for them. She hopes to die, too, to join Melvin.

You introduce Angel to the AIDS Coalition of Southern New Jersey, a program supported by ELCA World Hunger. You accompany her to the first visit to the Ray of Hope Drop-in Center. There she meets with a medical case manager to discuss her medications and alternative plans for treatment. She is also able to join a support group where she is able to share her story and develop supportive relationships.

CASE STUDY #2: TANZANIA

Torromare, a 40-year-old woman, approaches you, her pastor, after the Sunday services asking to talk with you about some worries. You do not have much time, as you must travel 10 miles by bicycle to conduct services at one of your other four churches. You will be able to speak with her in two weeks.

She comes to see you as scheduled, after walking three miles from her home. You notice that she has several bruises on her arms, and she looks even thinner than usual. She, like the other women in town, has been thin for the past two years, due to the high cost of food here. You ask what is troubling her, she begins to cry. She tells you that she recently learned that she is pregnant, with their fifth child. When she visited the health clinic, the doctor told her that she has HIV. She was, of course, very upset. She wanted to know if her baby would catch this illness. The doctor told her of new medicines that could prevent the infection from spreading from her to the baby. The medicines were available, at no cost, at the hospital in town, 10 miles from her home. She was overjoyed to learn that there was hope for the baby. Torromare ran home, eager to get the medicine to protect her baby.

When she asked her husband for assistance in traveling the 10 miles, he became enraged to learn that she has HIV. He accused her of bringing HIV into the family home. He beat her and threw her out of the house. Her own family is angry with her as well, accusing her of immoral actions or perhaps drug use. She has been sleeping behind a friend’s home; she begs for food, and is hungry most of the time.



She has not been able to start the medicines because she has no way to get to the hospital to get the medicines. She has heard rumors that her husband has had girlfriends in two other towns.

You accompany Torromare to the Selian Lutheran Hospital. There you find a Maasai nurse counting out pills for Jamila, a 48-year-old woman who is living with HIV. The medicine will alleviate Jamila's leg pain, a side effect of her anti-retroviral medicines (ARVs). About 3 million Tanzanians are HIV positive. Over 60 percent of them are women. Even with ARVs, sustaining patients is a delicate business. Encouraged by international funders, hospice or "palliative care"—focused on keeping patients comfortable, as opposed to "curative care"—is becoming more common. Jamila's caregivers are based at Selian Hospital, one of 20 hospitals operated by the Evangelical Lutheran Church in Tanzania (ELCT). By bringing together a nurse, a social worker, a pastor, and a community volunteer for home visits, Selian teams are attending to the medical, social, and spiritual needs of 1,800 people and their families. They will be able to help Torromare as well. (Stories of Faith in Action 2008 - http://archive.elca.org/stewardship/PDFs/SOFIA/SOFIA_web.pdf)

CASE STUDY #3: COLOMBIA

Rosa, a 40-year-old member of your congregation, has been looking at you hesitantly for several weeks now. She appears to have made a decision, and approaches you after the Sunday service. She shyly asks to talk to you, but only if no one can see you talking together. You and Rosa step around to the side of the church building. She begins to sob softly. She asks for your help. You ask for her story.

Rosa admits she has not been feeling well for several months. She has sores in her mouth and bad headaches. She went to the Incan healer, who gave her several traditional treatments but she did not get better. One of her friends told her about the visiting doctors in town who were spending a few weeks at the local clinic. There is not usually a doctor at the clinic. It was very difficult, but she made herself go to visit them. To her horror, she was told that her blood test showed that she has HIV. The clinic staff gave her information to read about HIV

and a nurse told about the medicines to use. However, Rosa cannot read Spanish, she only speaks Quechua, her native language.

She is afraid to tell her husband, as she knows he will beat her. One of their neighbors has HIV, and her husband beat her; Rosa's husband told her that was the correct treatment for evil women who get HIV. Rosa wonders if she got the HIV by sharing tortillas with that neighbor.

She begins to cry again, believing there is no hope for her. She wonders who will care for their six children when her husband goes to work on the coffee plantations for six months. When he is gone, she tends the farm and makes the tortillas, which she is afraid she will be unable to do if she is sick.

You help Rosa get in touch with Sarah, an ASIVIDA worker. ASIVIDA is a program run through the Evangelical Lutheran Church of Colombia and financially supported by ELCA World Hunger. Sarah will provide accompaniment and education for Rosa and her family.

CASE STUDY #4: KENTUCKY, USA

Rosemary, age 72, appears on your list of inactive church members to call this week. You have been the pastor at St. John's on the Prairie church for twenty years, and remember that Rosemary used to be a very active parishioner involved in the quilting groups and teaching Sunday school. You try calling her home but no one picks up. You decide to stop by on your way to the farm auction.

Rosemary is surprised to see you at the door; she does not invite you in and comes out on the porch to talk with you. Rosemary looks thin and pale to you. You tell her that everyone misses her at church and you wonder why she has stopped coming. Rosemary gives a very vague answer, and then begins to cry. You ask her for her story.

Through tears, Rosemary tells you that she misses her husband, George, who died twenty years ago. "It was colon cancer, really it was," she insists adamantly. You gently inquire if there is a question about that. Rosemary asks that you sit down, so she can tell the whole story. George was diagnosed with colon cancer twenty-five years ago, and had surgery that required blood transfusions.



Several years later, Rosemary was turned down at a blood drive because she was HIV positive. She was shocked; she went to the university hospital four hours away for fear that anyone in town would learn of the diagnosis. The doctors there determined that George had contracted the HIV from blood he had received before blood was routinely screened for HIV—and Rosemary was infected by George. “We were married, you know,” Rosemary says.

The doctors started her on medications, which she receives at the university hospital. She was fearful that her neighbors would “hear” if she got her medicines from the local pharmacy. She has not told anyone, family or friends. She doesn’t allow visitors in her home for fear that someone could contract HIV and AIDS by being in her home. She only shops in the university hospital town, worried that someone would get the disease from her or realize that she has it. She runs out of food at times, has very little produce and spends little time outside her home. She begs you not to tell anyone about her shameful situation.

You introduce Rosemary to the AIDS Interfaith Ministries of Kentuckiana Inc., a program supported by ELCA World Hunger. Rosemary is visited in her home by a volunteer from the program that brings a bag of groceries once a month that is especially designed to meet the nutritional needs of a person living with HIV and AIDS. The volunteer also convinces Rosemary to come to a community dinner once a month where she meets other volunteers and program participants, and develops supportive relationships among new friends.

MORE SOURCES ON HIV AND AIDS

1. ELCA HIV and AIDS: www.elca.org/aids
2. ELCA World Hunger: www.elca.org/hunger
3. World Food Programme: <http://wfp.org/english/?ModuleID=137&Key=2701>
4. The ONE Campaign: www.one.org/c/us/issuebrief/760/
5. Bread for the World: www.bread.org/learn/hunger-basics/hunger-facts-international.html
6. *World Development Indicators 2008*. The World Bank. February 2008.
7. Briefing Paper Hunger on the Rise: Soaring Prices Add 75 Million People to Global Hunger Rolls.” Food and Agriculture Organization. 17 September 2008.
8. UNICEF: www.unicef.org/aids/index_bigpicture.html
9. “HIV/AIDS Policy Fact Sheet: The HIV/AIDS Epidemic in the United States, September 2005” produced by the Henry J. Kaiser Family Foundation: www.kff.org/hivaids/upload/Fact-Sheet-The-HIV-AIDS-Epidemic-in-the-United-States-2005-Update.pdf
10. Center for Disease Control: www.cdc.gov/hiv/topics/aa/index.htm
11. “The Global Challenge of HIV/AIDS.” *The Population Bulletin* Vol. 61, No. 1. Population Reference Bureau. March 2006.
12. Take this Quiz: How much do you know about HIV and AIDS? www.elca.org/Our-Faith-In-Action/Justice/Poverty-Ministries/HIV-and-AIDS.aspx



When you have completed the Learning Module(s), proceed to

Module

3

Closing and ACTION



Goal: The purpose of this activity is to identify situations that lead to diarrheal episodes and to explore the causes and the effects of this preventable disease.

MATERIALS

- Case profiles (prior to the gathering, print and cut out enough case profiles so that each participant has one case profile for themselves and one case profile for a child from another country)
- Writing utensils (enough for each participant)
- Dice

INSTRUCTIONS FOR PRESENTER

This activity is a game of chance and probability. You will roll two dice (or one die twice) and announce the number. (As an alternative, if you have multiple pairs of dice, you can separate the participants into groups and let them roll the dice in their small group.) If the number that is rolled appears on a participant's card, they check the box for that roll. You will roll five times for five different statistics that are indicators for likelihood of a diarrheal episode.¹ At the end of the game the participants add up how many boxes they checked. That number is correlated to the severity of the disease.

READ ALOUD

Read the following aloud to prepare the participants for the concepts introduced in this activity.

You have each received case profiles for 4-year-old children in various countries as well as a profile that you will fill in for yourself. Young children are fairly susceptible to illnesses because their immune system is still developing. In this activity we are going to imagine that you and all the children in the profiles are experiencing an episode of diarrhea.

INSTRUCTIONS

1. Read aloud: "Let's take a second to discuss what causes diarrhea. Does any one know what causes diarrhea?" (Bacteria, parasites, overripe or unripe produce, uncooked meats, inedible berries.)
2. Instruct the participants to take a moment to fill out their personal case profile and to read their case profiles from another country.
3. Read aloud: "Now we will take our chances with probabilities to see what situations you are in."
4. Roll the dice for the first statistic, the likelihood that a child is underweight. Total the number and announce. Read aloud: "If this number appears on your card, check the box." (If you are using one set of dice for the whole group, you can invite participants to volunteer to roll for each round and announce the score to the group.)
5. Repeat instruction #4 four times, once for each of the remaining statistics (literacy, access to clean water, access to sanitation, access to medicine).
6. Have the participants add up their marks. Interpret their scores with the following key.
 - **Zero marks**—you experienced minimal discomfort when you were ill with diarrhea, you were treated and regained your health relatively quickly.
 - **One mark**—you experienced some discomfort when you were ill with diarrhea. You missed minimal school and your parents may also have had to miss a day or two of work to care for you.

¹ All the statistics for this activity are available online at www.cia.gov/library/publications/the-world-factbook, and UNICEF, www.unicef.org/infobycountry/index.html





- **Two marks**—your experience with diarrhea got worse quickly. You were very ill for a long time. You missed a significant amount of school and your parents missed several days of work to care for you.
 - **Three marks**—you were severely ill and have not been able to get better. Episodes of diarrhea are reoccurring. Your body is not absorbing nutrients well and you are becoming malnourished. It is hard for you to attend school, and your parents' jobs are suffering because they miss work often to care for you.
 - **Four marks**—your diarrhea has caused you to become malnourished. Your immune system is significantly weakened and you are always sick. You rarely go to school and one of your parents has had to stop working in order to care for you.
 - **Five marks**—the diarrhea was so severe it took your life.
- b. How does this impact health? (endangers health because bacteria thrive in unsanitary conditions. The more bacteria, the more likely they will be ingested, transmitted, etc. Without clean water and sanitation recovery from the disease is very difficult.)
6. What factors determine whether or not people receive adequate care when they are sick? (access to health care—money, education, resources, transportation)
 - a. How does this impact health? (without receiving qualified care and access to medicine patients may not be treated correctly, or not treated at all, decreasing the chance of recovery)
 7. In this exercise we used chance—a roll of the dice—to determine the conditions in which children lived. What factors may contribute to these conditions in real life? (social unrest, political instability, race, gender, etc.)
 8. What happened as a result of the children becoming very ill? (unable to attend school, parents unable to work, child became even more unhealthy)
 - a. How could that affect the family and/or community as a whole? (family will not have an income, or be able to produce own food, especially if they all become sick, communities are full of children who may not have received a good education, families lose children to illness, malnutrition leads to developmental deficiencies that decrease productivity)

QUESTIONS FOR DISCUSSION

1. Share the stories from the profile you had.
2. What made you more susceptible to diarrhea?
3. What causes children to be underweight? (lack of food, nutrients)
4. What do you notice about the literacy rate regarding men and women? (in most cases fewer women are literate than men)
 - a. Why the disparity?
 - b. Why is this significant? (inhibits women from being fully active in their community; limits their abilities to make decisions for themselves)
 - c. How does it impact health? (may inhibit trips to the doctor, understanding medical treatment and procedures)
5. What is the difference between urban and rural communities? (rural communities are less likely to have access to improved drinking water and sanitation facilities)
 - a. Why are there differences? (fewer people, fewer resources, less government/outside attention to less populated areas)



When you have completed the Learning Module(s), proceed to

Module

3

Closing and ACTION



CASE PROFILE: YOU!

Mark your own profile to compare with children from different countries in the world.

- 1. I am underweight.
- 2. My parents cannot read.
- 3. I do not have access to clean water.
- 4. I do not have a flushing toilet or working sewage system.
- 5. I do not have access to adequate fluids and food when I am ill.

Number of boxes marked: _____

CASE PROFILE: YOU!

Mark your own profile to compare with children from different countries in the world.

- 1. I am underweight.
- 2. My parents cannot read.
- 3. I do not have access to clean water.
- 4. I do not have a flushing toilet or working sewage system.
- 5. I do not have access to adequate fluids and food when I am ill.

Number of boxes marked: _____

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- 5. I do not have access to adequate fluids and food when I am ill.

Number of boxes marked: _____

CASE PROFILE: YOU!

Mark your own profile to compare with children from different countries in the world.

- 1. I am underweight.
- 2. My parents cannot read.
- 3. I do not have access to clean water.
- 4. I do not have a flushing toilet or working sewage system.
- 5. I do not have access to adequate fluids and food when I am ill.

Number of boxes marked: _____



CASE PROFILE: AN IRAQI CHILD

You are a 4-year-old child living in Iraq. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 10 percent of children in Iraq are underweight. If the dice add up to **2, 3, or 12**, you are underweight so mark this box.
- 2. 84.1 percent of men are literate. However, your primary caregiver is a woman. Only 64.2 percent of women are literate. If the dice add up to **2, 8, 9, 11, or 12**, your primary caregiver cannot read so mark this box.
- 3. 88 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 56 percent of people have access to improved drinking water. If the dice add up to **3, 5, 6, or 9**, you do not have access to improved drinking water so mark this box.
- 4. 80 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 69 percent of people have access to improved sanitation facilities. If the dice add up to **8, 9, or 11**, you do not have access to improved sanitation facilities so mark this box.
- 5. 7 in 20 children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **8, 9, 10, 11 or 12**, you do not receive adequate fluids or nutrition while you are ill with diarrhea so mark this box.

Number of boxes marked: _____

CASE PROFILE: A CAMBODIAN CHILD

You are a 4-year-old child living in Cambodia. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 43 percent of children in Cambodia are underweight. If the dice add up to **4, 5, 8 or 9**, you are underweight so mark this box.
- 2. 84.7 percent of men are literate. However, your primary caregiver is a woman. Only 64.1 percent of women are literate. If the dice add up to **2, 8, 9, 11, or 12**, your primary caregiver cannot read so mark this box.
- 3. 80 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 61 percent of people have access to improved drinking water. If the dice add up to **2, 3, 10, 11, or 12**, you do not have access to improved drinking water so mark this box.
- 4. 62 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 19 percent of people have access to improved sanitation facilities. If the dice add up to **2, 3, 4, 6, 7, 8, 9, 11, or 12**, you do not have access to improved sanitation facilities so mark this box.
- 5. Half of the children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **4, 5, 6, or 7**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____



CASE PROFILE: A TURKISH CHILD

You are a 4-year-old child living in Turkey. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 5 percent of children in Turkey are underweight. If the dice add up to **3**, you are underweight so mark this box.
- 2. 95.3 percent of men are literate. However, your primary caregiver is a woman. Only 79.6 percent of women are literate. If the dice add up to **4** or **5**, your primary caregiver cannot read so mark this box.
- 3. 98 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 95 percent of people have access to improved drinking water. If the dice add up to **2** or **12**, you do not have access to improved drinking water so mark this box.
- 4. 96 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 72 percent of people have access to improved sanitation facilities. If the dice add up to **5** or **7**, you do not have access to improved sanitation facilities so mark this box.
- 5. 81 percent of children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **2, 3, 4, 6, 7, 8, 9, 11, or 12**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____

CASE PROFILE: A SOMALI CHILD

You are a 4-year-old child living in Somalia. Percentages based on your country’s statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 48 percent of children in Somalia are underweight. If the dice add up to **3, 8, 9, 10, 11, or 12**, you are underweight so mark this box.
- 2. 49.7 percent of men are literate. However, your primary caregiver is a woman. Only 25.8 percent of women are literate. If the dice add up to **2, 3, 4, 5, 6, 8, 9, or 10**, your primary caregiver cannot read so mark this box.
- 3. 63 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 10 percent of people have access to improved drinking water. If the dice add up to **2, 3, 4, 5, 6, 7, 8, 10, 11, or 12**, you do not have access to improved drinking water so mark this box.
- 4. 51 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 7 percent of people have access to improved sanitation facilities. If the dice add up to **2, 4, 5, 6, 7, 8, 9, 10, 11, or 12**, you do not have access to improved sanitation facilities so mark this box.
- 5. 93 percent of children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **2, 4, 5, 6, 7, 8, 9, 10, 11, or 12**, you do not receive adequate fluids or nutrition while you’re ill with diarrhea so mark this box.

Number of boxes marked: _____



CASE PROFILE: A BRAZILIAN CHILD

You are a 4-year-old child living in Brazil. Percentages based on your country's statistics are listed below. Roll the dice to see what kind of conditions you live in.

- 1. 5 percent of children in Brazil are underweight. If the dice add up to **11** you are underweight so mark this box.
- 2. 88.4 percent of men are literate. However, your primary caregiver is a woman. Fortunately, 88.8 percent of women are literate. If the dice add up to **2** or **4**, your primary caregiver cannot read so mark this box.
- 3. 97 percent of people living in an urban setting have access to improved drinking water but you live in a rural community where only 58 percent of people have access to improved drinking water. If the dice add up to **5**, **6**, or **7**, you do not have access to improved drinking water so mark this box.
- 4. 84 percent of those living in an urban setting have access to improved sanitation facilities. However, you live in a rural community where only 37 percent of people have access to improved sanitation facilities. If the dice add up to **5**, **6**, **7**, **8**, or **10**, you do not have access to improved sanitation facilities so mark this box.
- 5. 72 percent of children under the age of 5 do not receive oral rehydration and continued feeding when they become ill with diarrhea. If the dice add up to **2**, **3**, **4**, **5**, **7**, **9**, **10**, **11**, or **12**, you do not receive adequate fluids or nutrition while you're ill with diarrhea so mark this box.

Number of boxes marked: _____



Goal: The goal of this activity is to demonstrate the following:

1. Disease leads to increased nutritional needs and decreased energy levels making it difficult for someone suffering from disease to sustain livelihood;
2. Hunger leads to undernourishment, making treatments for disease ineffective; and
3. Poverty and power play a role in how people experience disease.

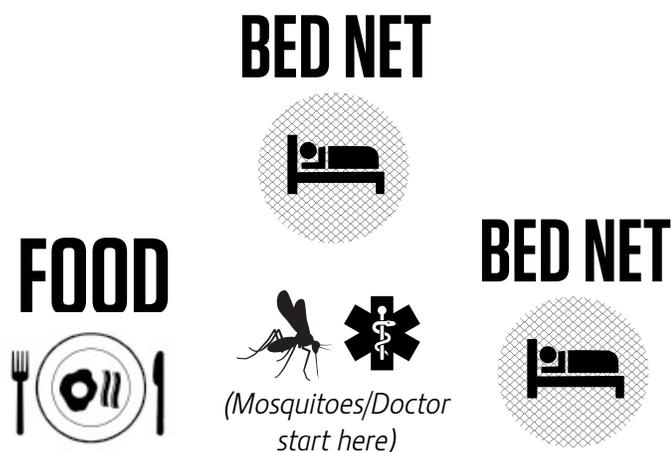
MATERIALS NEEDED

- White, brown, and red paper
- Space large and safe enough for a game of tag

INSTRUCTIONS FOR PRESENTER

Designate and clear an area large enough for a game of tag fitting for the size of your group of participants (if you are indoors you may consider instructing people to walk during the activity).

Label four areas as follows:



STARTING LINE

(Participants start here)

Cut the brown paper into roughly 2" by 2" pieces, less than twice as many as the number of participants (for example, for 10 participants, cut out 16 pieces of brown paper). You may want to label the individual pieces "food" (a template is included below). Place the pieces at the 'Food Station.'

Cut the red paper into roughly 2" by 2" pieces, the same number of pieces as participants (for example, for 10 participants, cut out 10 pieces of red paper). You may want to label these pieces as "medicine" (again, a template is provided below). You will keep them and acting as the Doctor hand them out to participants seeking treatment.

As the Doctor, you will be moving around throughout the activity. Players will be instructed to find you once they have been tagged by a Mosquito. When they come to you for treatment, they must have a food card. If they do not have a food card, instruct them to visit the food station and come back. If they are tagged again on the way to the food station, they must sit down.

If they come to you a second time for treatment, they must have two food cards (you will know they have come a second time because they will already have a red card.)

When all the medicine cards have been handed out, let them know you cannot offer treatment, and the next time they are tagged they will have to sit down. You may want to play a couple of rounds so the participants can get the hang of it.





READ ALOUD

Read the following aloud to prepare people for the activity:

Now that we have learned in the opening activity about the importance of nutrients and nutrition to sustaining not just our life, but also to treating diseases, we are going to play a game of tag that will help us learn more about hunger and disease. For this activity, we will be focused on the disease malaria.

Before we begin the activity, let's find out how much you know about malaria.

1. *Does anyone know what malaria is?*
2. *Does anyone know how you can get malaria?*

If a participant knows about malaria, let them talk about it. If not, read the following:

Malaria is a disease that primarily affects people living in subtropical regions of the world, such as parts of the Americas, Asia, and Africa. More often than not, malaria is most prevalent in the Global South,¹ the countries that are least developed. Each year more than 300 million people experience acute illness from malaria and over 1 million deaths are associated with malaria.²

Malaria is “caused by a parasite called Plasmodium, which is transmitted via the bites of infected mosquitoes.”³ The “parasites multiply in the liver, and then infect red blood cells.”⁴ The symptoms of malaria (fever, headache, and vomiting) usually manifest in a person 10 to 15 days after a mosquito bite.⁵

Malaria can have devastating effects in populations. Besides the number of deaths, malaria negatively affects the way people live and work. In Sub-Saharan Africa alone, malaria costs \$12 billion a year in lost productivity!⁶ That is a lot of money! When people contract malaria it is difficult to work and if malaria is not treated it can become life-threatening because it disrupts the blood supply to vital organs.⁷ Although most strains of malaria can be treated with drugs, some strains have developed resistance to medicines.⁸

In the United States, malaria is present, but typically occurs in people who have been infected with malaria while they were traveling abroad.⁹ Unlike many other nations, the US has nearly eradicated malaria, mostly as a result of the efforts of the Centers for Disease Control and Prevention and other US agencies.¹⁰ This should give us hope. Malaria does not have to be the situation it is today. We can prevent malaria from afflicting more populations and from killing members of our global community.

With this in mind, let's play Malaria Tag.

¹ Terms such as “Third World” or “Developing World” are loaded with a bias towards those countries that are “First World” or “Developed.” For this reason, we prefer to use the term “Global South.”

² ELCA Advocacy Archives: <http://archive.elca.org/advocacy/one/05-06-23-mdg.html>

³ <http://who.int/topics/malaria/en/>

⁴ <http://who.int/topics/malaria/en/>

⁵ <http://who.int/topics/malaria/en/>

⁶ The One Campaign: www.one.org/c/us/issuebrief/85/

⁷ <http://who.int/topics/malaria/en/>

⁸ <http://who.int/topics/malaria/en/>

⁹ Center for Disease Control: <http://cdc.gov/malaria/facts.htm>

¹⁰ www.cdc.gov/malaria/history/index.htm



INSTRUCTIONS

1. Have all the players line up at the starting line.
2. Show them where the Bed Net Station and Food Station are. Identify yourself (the presenter) as the Doctor.
3. Choose which player will serve as the Mosquito (“It” in a typical game of tag).
 - Select one player to be a Mosquito for every five people playing and have the Mosquitoes stand in the center of the playing field.
 - The Mosquito’s goal is to tag as many people as possible.
4. Depending on whether the activity is inside or outside, instruct the players to run or walk.
5. Tell the players to try to reach the food station to get a food card.
6. Explain that the Bed Nets Station is a safe zone that can hold one player at a time. Players can take their turn in the Bed Net for 10 seconds at a time (use 1 potato, 2 potato, or the like). Players take their turn in the safe zone, until they are “counted out” by another player.
7. If a player is tagged by the Mosquito, they must immediately find the Doctor to receive medicine to treat their malaria. They must have a food card to receive treatment.
8. Once treatment is received, the player can go on with the activity.
9. If a player is tagged twice without receiving treatment, they are out of the activity and the person must sit down where they were tagged the second time.
10. If a player is tagged by Mosquito again after they received treatment the first time, they must go to receive treatment again. Remember that the player will need to have at least TWO food cards to see the Doctor again.
11. The activity ends when all (or most) of the players are sitting down.
12. Depending on time, play again (it may take a run through to get the gist of the activity).

QUESTIONS FOR DISCUSSION

Once the activity is over, sit down with all the players and discuss the following questions with them:

1. What was your experience during the activity?
2. What were the obstacles to getting treatment in the activity? What obstacles to getting treatment do you think there are in real life? (Access to a doctor/ medicines [could be on account of distance needed to travel, difficulty traveling when sick, cost of medicine, etc.]; need for food to use the medicine.)
3. Why do you think people who did not have food did not receive treatment? (Hard to travel to get the medicine when you are hungry; need for food for medicine to be effective.)
4. Why were the food and bed nets in the activity so important? (Food needed for treatment, bed nets for protection.)



When you have completed the Learning Module(s), proceed to **Module**

3

Closing and ACTION



FOOD CARDS

<p>FOOD</p> 	<p>FOOD</p> 
<p>FOOD</p> 	<p>FOOD</p> 
<p>FOOD</p> 	<p>FOOD</p> 
<p>FOOD</p> 	<p>FOOD</p> 



MEDICINE CARDS

MEDICINE



MEDICINE



MEDICINE



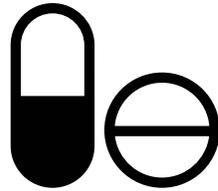
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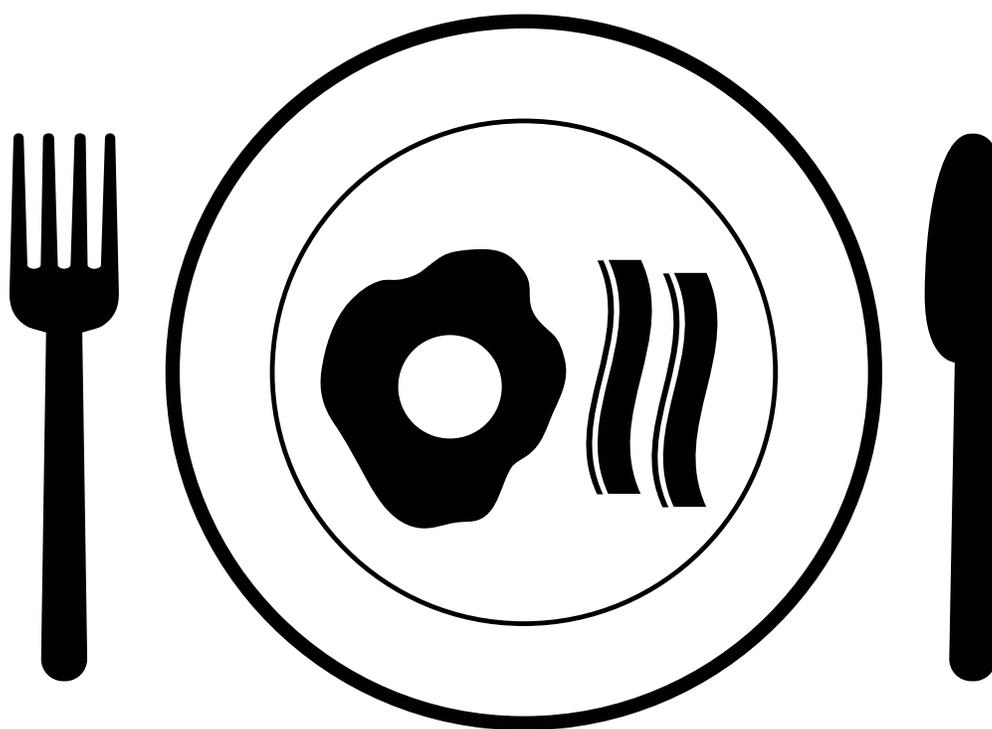
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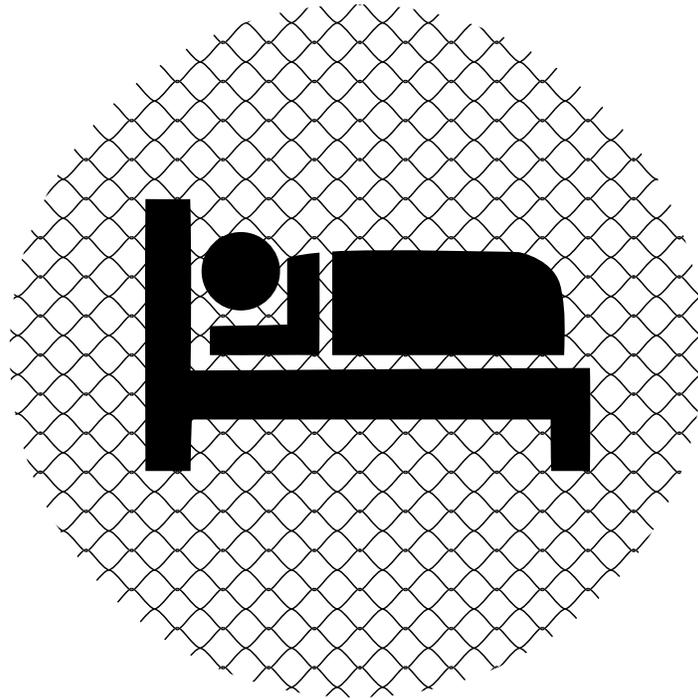
BED NET CARDS

<p>BED NET</p> 	<p>BED NET</p> 
<p>BED NET</p> 	<p>BED NET</p> 
<p>BED NET</p> 	<p>BED NET</p> 
<p>BED NET</p> 	<p>BED NET</p> 

FOOD



BED NET





Closing and ACTION

Goal: The goal of this module is to summarize the key learning points and to give concrete actions your congregation or group can take to combat hunger and disease in the world.

MATERIALS

- As described in the activities below

INSTRUCTIONS FOR THE PRESENTER

Before the gathering go through the list of activities in this module. Pick one or two that you can use to close your time together. Some of the activities require significant planning and preparation, so you may want to use this closing and action time to create a committee or delegate various responsibilities. After you are finished with the activity (or activities), conclude with a song and/or prayer from the opening module.

READ ALOUD

Read the following aloud to prepare people for the activity:

In our time together we have explored the many ways in which disease causes hunger as well as how hunger leads to disease. The two are engaged in a malicious cycle. Our activities used HIV and AIDS, malaria, diarrheal diseases, pneumonia, and tuberculosis to demonstrate this cycle. In identifying the cycle, we acknowledge the fact that hunger cannot be solved without resolving disease, and there is no solution to hunger without fighting disease.

We hope you will leave with the following main ideas:

- Hunger is a craving or urgent need for food or a specific nutrient. Lack of food and specific nutrients leads to a decreased immune system, malnutrition, and diseases of deficiency.
- Disease leads to increased nutritional needs, which are difficult or impossible for someone experiencing hunger to meet.

- Hunger leads to undernourishment, making treatments for disease less effective.
- Disease leads to decreased energy levels, meaning that someone suffering from disease is not as productive and they cannot work to provide an income, grow their own food, raise their own animals, care for their family, or care for themselves, and the cycle of disease and hunger continues.

Hunger and disease in our world will not end without your **action**. All of our actions, even small ones, add up to make a big difference.

INSTRUCTIONS

Below is a list of takeaways—actions—related to today's gathering that you can incorporate into your life right away to help end hunger and poverty in our world.

After doing the activity (or activities), take some time to talk as a group about the other ideas listed here. What might you do together? What might you do individually? Who else might you invite to join you? This is certainly not a comprehensive list, and your group may create a list of its own—GREAT!

Please share with us what you and your group are doing in your community to end hunger around the corner and the globe. We would love to hear about your good work! Share your story at hunger@elca.org or at ELCA World Hunger's online social networking site, The Table (www.elcaworldhunger.ning.com.)





PRAYER AND WORSHIP

- **Prayer Circle**

Invite each person in the group to write a short prayer for those who are hungry and suffering from disease. Compile the prayers onto one sheet and copy for each person. Ask participants to pray this week for those who are hungry and experiencing disease using the prayers created by your group. You can also give them to your pastor and/or worship team leader and encourage them to be incorporated into next Sunday's worship prayers.

- **Days of our Lives**

There are many "World Days," such as World AIDS Day (December 1st) and World Malaria Day (April 25th), that commemorate and remember those who live with or have died from a particular disease. Mark these important days during worship with prayers, candle lighting and provide an opportunity for your community to act together. There are many resources online to help you plan such an event. Start with:

www.elca.org/aids

www.who.int/mediacentre/events/annual/malaria/en/index.html

www.worldaidscampaign.org

GIVE, VOLUNTEER, CREATE

- **Sheep and Shots**

Challenge your campus and/or congregation to raise funds to support the hunger and health ministries of ELCA World Hunger. Did you know that \$125 buys a sheep for a family, and that sheep will provide them with food, funds, and fertilizer? Did you know that just \$50 purchases immunizations against preventable diseases for a child? Create a challenge! See how many sheep and shots your group can purchase. To learn more visit: www.elca.org/goodgifts.

If you are ambitious, plan an alternative gift fair for your congregation, campus, or community. A step-by-step guide to planning one is available at www.elca.org/hunger. At the fair, encourage people to purchase sheep and shots!

- **Super Size That Please**

Gather a group from your congregation or campus and volunteer with a local agency that provides healthy meals for those who are suffering from sickness or disease in your community. Many volunteers are needed to collect donations, prepare and deliver food, and visit with those who are unable to care for themselves.

- **Health Kits for the World**

People who must flee their homes quickly often do not have time to pack essential items. Health kits can help refugees maintain personal hygiene while living in exile. Learn more about how your congregation can create health kits for refugees around the world through our trusted partner Lutheran World Relief. To learn more, visit www.lwr.org/parish/healthkit. Offer a special prayer of protection and care for those who will receive the kits before you mail them.

- **Casting Your Net**

Purchase anti-Malaria nets through the ELCA Good Gifts catalog. When properly used, bed nets significantly reduce the spread of Malaria by protecting individuals from mosquitoes while sleeping. \$10 provides the net, distribution, and education on how to use the net properly. See if you can purchase a net for each person who attended your session. This option would also be a terrific addition to an alternative gift fair in your congregation, on your campus, or in your community. Again, to learn more about hosting a fair, visit www.elca.org/hunger.

ADVOCATE

- **Stay Connected**

Sign up for the ELCA e-Advocacy network and receive action alerts on timely legislative issues that help to end hunger in the world. Visit http://ga6.org/elca_advocacy/join.tcl.

Connect with your ELCA State Public Policy Office and learn about opportunities to act in your state on behalf of those who are most vulnerable. To see if your state has an ELCA Public Policy Office visit www.elca.org/advocacy/state.



- **Power of the Pen**

Write a letter to your elected officials about a topic you received from an e-Advocacy alert. Find out who your officials are by visiting www.elca.org/advocacy. For directions on how to write an advocacy letter or prepare a phone call to an elected official, see the Climate Change and Hunger Toolkit's "Closing and Action" module (www.elca.org/hunger/toolkits).

Write a letter to the editor of your local newspaper to express concern for those most in need and to encourage others to support public policies that help end poverty.

- **Coffee Talk**

Meeting with your members of Congress is one of the best ways to advocate for the issues you care about. They are interested in knowing about the concerns of their constituents. By visiting their offices or inviting them to attend a public event or meeting, you are building a personal relationship while asking them to take leadership in working for those most in need. A step-by-step guide on how to make this happen is available at www.elca.org/advocacy/resources.

EDUCATE YOURSELF AND OTHERS

- **Health Fair**

Partner with a local non-profit agency or hospital to organize a health fair in your congregation, campus, and/or neighborhood. Provide routine health screenings, health education information, and an opportunity to ask questions of a health care professional.

- **Know your Status—GET TESTED!**

On its own or as part of a health fair (such as the one describe above!) offer or encourage HIV testing and counseling. Testing is safe, fast, and confidential and should be a part of your annual health exam. Testing allows people to know their status as well as help break the stigma surrounding the disease.

- **Connect with Others Who Care**

Join the ELCA World Hunger Facebook Cause, follow us on Twitter (@hungerbites), and/or join our new social networking group, "The Table" at www.elcaworldhunger.ning.com. When you join The Table, be sure to join the group titled Hunger Education Toolkits to chat with others who have used this same resource in their home communities and congregations.

Text ELCA World Hunger and be registered for monthly Justice Challenges. Text the word "justice" to 464329 to register. There is no cost other than your standard text messaging rates for your cell phone plan.

Connect with your synod's hunger team and learn what others in your area are doing... and join them. To learn more, contact your synod office or ELCA World Hunger at hunger@elca.org.

- **Read All About It**

Visit www.elca.org/hunger and learn all about the exciting and life-giving work of ELCA World Hunger. Then tell someone about it.

Subscribe to and read the ELCA World Hunger blog "Hunger Rumbblings" at <http://blogs.elca.org/hungerrumbblings>

- **Resource Central**

Check out the ELCA World Hunger *Top 40 Resource Catalog*. These resources have been created to help you educate and mobilize yourself, your family, and your community to help end hunger. Most are available at no cost to you. Find the catalog at www.elca.org/hunger/top40.