



World Goodwill

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A regular bulletin highlighting the energy of goodwill in world affairs

HEALTH, WHOLENESS AND THE AIDS PANDEMIC

BETWEEN 1348 AND 1350, bubonic plague, together with other fatal diseases, ravaged Europe. This epidemic, now often called the "Black Death", was the most severe attack in a series that, together with a sequence of bad harvests, led to an estimated total loss of a quarter of all Europeans. Europe was still recovering from this massive blow well into the following century. Now, in the 21st century, we are witnessing what could be a tragedy on an even greater scale, if we do not intervene. The spectre of AIDS is haunting Africa. The rate of HIV infection in 15-49 year-olds is already not far short of 10% for *all* countries south of the Sahara, and in some countries is far higher, reaching a staggering 35%+ in Botswana. There are dire predictions from the UN that Asia could follow in Africa's wake. The impact that this epidemic has already had is devastating; the impact it could have if it is not tackled *now* with enough energy and resources, is unimaginable.

This terrible health emergency has evolved over the last quarter of the 20th century. From the material angle, this happened for a complicated mix of reasons. But is there a deeper, subjective meaning to the emergence of this deadly plague at this period of human history? What is AIDS telling us?

AIDS breaks down the defensive walls of the immune system, making the body prey to other infections. This mechanism is strangely modern, particularly as the immune system can also be compromised by certain chemical pollutants. It is not

too far-fetched to see a global plague like AIDS as Nature's way of telling us that our ecological relationships are seriously out of balance. This has been denied for too long, as has the seriousness of the AIDS epidemic. The fact that HIV may have jumped the species barrier from chimpanzees may be a further pointer to wrong relationships with the other kingdoms of nature.

The global scale of the epidemic shines a spotlight on another area of extreme imbalance in relationships: the relative wealth of nations, with the implications for affordable healthcare. The ideal of publicly funded universal healthcare is one that few nations have implemented; and it is certainly beyond the means of most. As a result, AIDS is far more deadly in poorer countries.

We live in a time which celebrates the individual, and AIDS is a curiously individual disease. It is usually transmitted from individual to individual¹ – whether a sexual partner, a fellow intra-venous drug user, or, most tragically, a child in the womb. It therefore calls the individual to account morally for behaviours such as promiscuity and recreational drug use that glorify the quest for individual pleasure. It emphasises that the right to pursue happiness must be balanced by responsibility towards others, if the social fabric is not to unravel. The long incubation period creates another dimension of responsibility, as an individual can unknowingly infect many. So those involved in behaviours that may spread AIDS are responsible for finding out if they

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Editor:
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are infected. Thus the AIDS epidemic is a kind of assault on the moral immune system of humanity, and it requires conscious choice for humanity to find the social cure.

In *Esoteric Healing*, we read the challenging statement that, "All disease is the result of inhibited soul life". The soul life of humanity is evidently blocked by this deadly plague. The life-giving free exchange and sharing that should characterise our ecological, financial and ethical relations is being deflected and distorted into the ways of death. Recognising this helps us to see how AIDS is

everyone's responsibility – not just its sufferers and those who care for them. AIDS can only flourish where separativeness, selfishness, and materialism are present; and these deep-rooted taints can only be ended by the soul. The light and love of humanity's soul, expressed in goodwill, can restore our underlying wholeness, and return the ailing body of humanity to health.

1. There have also been circumstances in which infected blood has entered the pool used for blood transfusions, leading to a more general transmission. Haemophiliacs have been the innocent victims of such tragic mistakes, as have a large number of the rural poor in China.

DIMENSIONS OF THE CRISIS

As with all crises, the AIDS pandemic has brought many related issues to the surface – issues such as sex, drug addiction, health care, the north/south divide and discrimination – to name a few. Clearly, the enormity of this modern plague, that has left over 42 million people currently infected, qualifies it as one of the most perilous conditions ever to affect humanity. And since 95% of those infected live in the developing world, it has brought into stark relief the need for a change in the way we, as a collective, deal with global crises. Too often, for those living in the developing world, an AIDS diagnosis becomes a death sentence, an outcome which is no longer true for many people living in the West. Although studies indicate that the price of anti-retroviral medication need be no more than about \$1 a day, this is still out of reach of the more than 50% of humanity who live on under \$2 a day, unless there is additional help from the world community. Many people today hold, theoretically at least, to the recognition that life is one. But now is the time to move beyond theory and begin implementing the necessary changes that will result in a greater parity between the haves and have-nots of the world.

AIDS, which first burst into public recognition some twenty years ago, is a disease of the blood and the blood, it is said, is the life – a symbol of the divine circulatory flow of energy which carries sustenance to all parts of the whole. When permeated by the forces of desire, this divine circulatory flow is interrupted and becomes, instead, the agent of suffering and oft times death. The restoration of healthy conditions can only come about through humanity's willingness to act responsibly and pragmatically both within our individual lives as well as globally, by working out a collective thoughtform of solution to this problem.

As sex is its main avenue of transmission, AIDS can be linked with other sexual diseases, like syphilis. In the writings of Alice Bailey, it's said that the very substance of the soil is contaminated with this disease, through the age-long burying of diseased bodies. AIDS brings to the fore the need for a re-evaluation of our attitudes towards sex and the responsibilities incurred by it. The sexual act is a major avenue of pleasure and human sharing, one of the gifts of life in form. As we enter the Age of Aquarius, the era of universal brotherhood, one of the most important

energies impacting human consciousness is the seventh ray energy of organization.¹ Said to be concerned with the increased fusion of spirit and matter in physical form, it can nevertheless have negative effects, one of which is an intensified sexual stimulation. In combination with other Aquarian energies, this has resulted in a widespread promiscuity that has been one of the main contributing factors to the rapid spread of AIDS. It has also been said that "the seventh ray...is more susceptible to the problems, difficulties and diseases incident to the blood stream than are any other ray types. The reason is that this is the ray which has to do with the expression and manifestation of life upon the physical plane and with the organisation of the relationship between spirit and matter into form."²

Humanity, caught in the throes of desire and attraction at the level of the form, has lost its connection to the underlying reality of inner union which the sex act veils. And, as a consequence, something beautiful and of essential simplicity has been lost. The misuse of sexual energy creates all kinds of problems for humanity – distorting its vision and distracting it from higher goals. As humanity begins to transmute these energies by living a more balanced sexual life, there will gradually transpire a flowering of the creative spirit.

The horror of AIDS has brought humanity face-to-face with the economic divide that separates the developed and developing nations of the world. This divide will only begin to be bridged when the principle of sharing is adopted as a primary value by the nations of the world. The United Nations estimates that by 2005, \$10.5 billion will be needed annually to cover the costs of the epidemic, which includes the finding and training of doctors and nurses, since the medical profession has itself been ravaged by the disease.³ So far, in spite of some initially hopeful signs, it is not looking very likely that this \$10.5 billion target will be met.

The intense physical suffering of AIDS patients is compounded by the stigma so often attached to this disease. To help ease this situation the World AIDS Campaign has chosen as its slogan for 2002-03 "Live and let live", in an attempt to educate the public in the need for compassion and understanding so as not to make AIDS victims the modern lepers. The stigma of HIV often inhibits people from seeking treatment or from acknowledging their disease publicly; HIV patients may also be denied health care,

housing and employment and are often shunned by friends, family and colleagues, turned down by insurance companies or refused entry into foreign countries. In extreme cases, they may be evicted from their home, divorced by their spouses and suffer physical violence or even murder. In China, for example, while there are strict laws in place that bar discrimination against people with AIDS, many still find its stigma to be its most debilitating component. One man recently said, "When I was on drugs, they [his family] could still accept me and forgive me, but when I got sick with H.I.V., they had nothing more to give."⁴ So we see that AIDS is confronting humanity with the need to overcome its prejudicial ways of thinking, especially regarding issues related to sex. This crisis is, consequently, serving to break down barriers, and especially to be commended are the members of the music and entertainment industries who have taken the lead in spear-heading campaigns of tolerance and pledges of support.

The AIDS crisis also highlights the problems confronting women, most notably in the developing world. AIDS has taken a heavy toll upon women and children who, in many instances, are the most desperate and innocent victims of this scourge. And due to economic and societal pressures which militate against women taking proactive control of their sexual lives, they often have little or no recourse to protect themselves. That is why a concerted campaign to eradicate AIDS cannot just focus upon the medication for those who are already ill but must include, as well, woman's health and protective services. For it is the sad reality that because of this lack, women are dying in their millions. The situation is complicated by the fact that due to economic conditions, many men must spend long periods away from their families, thereby contributing to promiscuity. There are clearly no easy answers for achieving the widespread changes that need to be implemented before this situation can begin to be turned around.

In April 2001, in response to the world community's failure to meet the need of the world's AIDS patients, UN Secretary-General Kofi Annan spearheaded the creation of The Global Fund to Fight AIDS, Tuberculosis (TB), and Malaria⁵ as an independent, non-governmental organization based in Geneva to quickly and effectively help developing countries create and sustain programmes modelled to their needs. TB and Malaria are dreadful killers on their own, and much money is needed to tackle them. The tragedy

for AIDS sufferers is that, because of their weakened immune systems, malaria and TB can more easily prove fatal. Among the critical needs being met by the Fund are the outfitting and enlarging of both treatment and prevention programmes, training physicians and community-based health workers to care for the sick, and continuing to reduce the prices of effective anti-retroviral medications.

The AIDS crisis is enormous – 42 million now infected with projections for over 68 million infections by 2020. How do we find a way out of this situation when so much of contemporary culture seems bent upon the over-stimulation of the lower nature? We relish freedom, and rightly so, but it is that very freedom that seems to have propelled us into the present chaotic conditions. Perhaps as humanity moves towards a more balanced attitude towards sex, governments will recognise, and legislate for, a more restrained approach. As humanity's spiritual orientation deepens, we may eventually reach a point where many people will willingly begin to recognise their responsibility for others and turn towards a higher way. When the focus of humanity's attention begins to shift from the lower to the higher centres, so much energy for good will become available. Sex will then be spiritualised to the degree that it will no longer hold as great a psychological problem for humanity as it presently does. It will then assume its rightful place and a higher form of sharing, a sharing within the mind, will gradually supersede the present difficult situation. A true telepathy will then be born as the divine circulatory flow shifts to a higher level and the creative life is engaged in thoughtform building and telepathic interplay. This will lead to a more even circulation of energy in the etheric body and the application to creative service of some kind; sexual diseases will then die away.

1. For further information on the seven rays that condition consciousness, see "The New Psychology and the Seven Rays," available from World Goodwill.
2. Alice Bailey, *Esoteric Healing*, pp. 128-29. Lucis Publishing Companies, New York and London, 1953.
3. "Free AIDS Drugs in Africa Offer Dose of Life" by Rachel Swarns, *NY Times*, February 8, 2003.
4. "Despite Law, China's H.I.V. Patients Suffer Bias" by Elisabeth Rosenthal, *NY Times*, January 14, 2003.
5. More information at www.theglobalfund.org

GOODWILL IS...the antidote to blocked relationships.

CONVERSATIONS WITH INSPIRING SERVERS

At the end of 2002 World Goodwill initiated a new and exciting activity. From time to time we will be conducting interviews with people whose lives and work reflects a spiritual vision that we think will be of interest to many. Some of these individuals will have a conscious spiritual orientation in their lives and work, while others may be more outwardly focused but demonstrate lives of real service.

We plan to interview people from all the many fields of human interest – for example, politics, diplomacy, economics, science, the arts, religion, spirituality, academia, the

media and others. We hope to focus not only upon the individual's outer life and work but also, if possible and appropriate, upon his or her inner, spiritual life. In this way, we think we can help to shed light upon the means by which the two arms of the even-armed cross of service are balanced in the lives of today's servers. Through these interviews we believe we are helping to subjectively strengthen the work of all who are seeking to serve humanity at this difficult time of transition into a new age.

The interviews are usually available both as text and

audio files. So far we have six interviews online, (at www.lucitrust.org/goodwill/interviews) including Jane Goodall, the world renowned scientist and conservationist, Andrew Cohen, spiritual teacher, author and editor of "What is Enlightenment?" magazine and the following interview, conducted in June 2003, with Dr Desmond Johns, a South African medical doctor, and the Director of the UN AIDS Office in New York.

WG: As you are a medical doctor and Director of the UN AIDS Office what, in your view, is the possibility of finding a vaccine and/or a cure for this disease within your lifetime?

DJ: Well, I guess what keeps us all going is the promise of something being done, or something being found in the short to medium term, but such optimism has to be tempered by the reality that 10 years ago we were saying that we were ten years from an effective vaccine and, at this stage, we are still saying pretty much the same thing. This is largely because of the nature of the HIV virus; the inefficiency of its reproductive processes means that many mutant forms evolve with each generation cycle. And in a robust but scientifically inefficient reproductive process such as this, we are finding strains of the virus that are naturally resistant to all our experimental vaccines. But there is ongoing work, lots of resources and intellectual capital are being invested, and several trials are now entering the phase one and phase two stages of development, so we may still see the evolution of a vaccine in the short to medium term.

WG: Please discuss the other avenues for helping to stem the tide of AIDS, other than through a vaccine.

DJ: In a sense we already have what may be termed a social vaccine: if one is faithful, if one avoids risky behavior, and if universal health safeguards in terms of safe blood, safe needles, safe injection practices are under way, we already have at our disposal proven mechanisms to deal with the spread of HIV/AIDS.

WG: Do you think that the attempts to fund reproductive health services are also important?

DJ: This is absolutely critical, but also to remove this somewhat from the clinical or hospital style health context, one has to understand that changing people's behavior is critically important and to do so, we must both provide people with the information that they need, as well as access to the services that they would require. Giving people advice on how to protect themselves without a way of accessing services is more than irresponsible.

WG: It's been over 20 years since the first AIDS cases began appearing. Do you have hope that the world community will be able to summon the political will to finally deal appropriately with this crisis?

DJ: We have seen a dramatic increase in the political will and political commitment to do something about this. But this has to translate into increased resources, both human and financial, in order to create the programmes on the ground that we need to make a difference. And such resources must not only focus on prevention, but also on care, treatment and mitigation of the impact of the epidemic as it currently exists. It means we have to care for those infected and affected by AIDS, we have to care for orphans, we have to educate young girls, we have to keep them in school, we have to empower women, because simply addressing the consequences of the epidemic without addressing what makes people vulnerable in the first instance is

self-defeating, we are only treating one-half of what is a very complex problem. It means caring for those who are infected as well as preventing the vulnerability of future generations.

WG: We also understand that there's a grave crisis in Africa because so many of the doctors and nurses have died from the disease.

DJ: Indeed. When societies reach prevalence levels that affect greater than 30% of the population, one could imagine the impact that this has on the societal institutions and if we are to build happy, stable and equitable societies in various parts of the world, you need to have institutions in place that take the young from being young individuals to being productive members of society, and this requires functional social institutions. The stability and security implications of having large numbers of young people who are orphaned and poorly anchored in the societies in which they live is, in fact, a ticking time bomb that no government wants to have to deal with.

WG: What are the most important changes in the climate of world public opinion about AIDS that would have the most positive impact on combating the epidemic?

DJ: I have to say that in the first instance, eliminating stigma and discrimination is an important consideration.

WG: Isn't that the slogan for this year's campaign for AIDS?

DJ: Indeed it has been the theme for last year's and this year's world AIDS campaign. And that is based on the knowledge that until we make or create a safe zone, or at least a level of comfort within people to appear for testing, to appear for services, we're not really going to get on top of the epidemic. In fact, evidence is emerging that in some places where treatment options are being expanded, people are not appearing in the numbers that would be expected because of the impact of stigma and discrimination. When knowing one's status is little more than having to confront one's own mortality, and that for someone in their twenties is a frightening phenomenon, that on its own is bad enough, but when it in fact places you at risk of losing your job, your employment, or being ostracised from your family, one can understand why there is still this difficulty with people presenting for testing and services.

WG: What does the UN in particular do to help combat this stigma, what programmes are you implementing?

DJ: Well, to summarise, it is to show the human face of HIV/AIDS, to show that there are individuals behind the statistics that are put out each year, that they are people like you and I.

This disease cuts across all segments of society – everyone is potentially vulnerable. It is not a curse visited upon people by God because of lifestyles they follow, how they look, because of their color, or whatever criteria you want to look at. And showing the human face of HIV/AIDS, and having leaders – religious leaders, business leaders, sports people, media celebrities, political leaders – come out strongly in

favor of eliminating stigma and discrimination, and doing this by actions as well as by speeches, we will in the long run begin to overcome this considerable obstacle. And finally, in addition to the need to address discrimination, we need more resources. We know that an effective response is going to require about \$10 billion a year by 2005, and that will go up to about \$15 billion by 2007.

WG: Has there been any other response to match President Bush's recent allocation of \$15 billion to help combat AIDS?

DJ: Not anything that we've seen officially, but there are suggestions that there would be. The French have increased their annual commitment to the Global Fund three-fold, from \$50 million to \$150 million per year. And we are optimistic that there may be similar announcements from other bilateral donors, and perhaps even the European Commission itself.

WG: One more question about the stigma aspect of this disease. When you say that public figures are coming out and not only giving speeches, but in other ways helping to combat this problem, how does that message get out in a continent such as Africa, where the means of communication are not so advanced as in the Western world? How are we able to deal with this problem specifically in the Third World?

DJ: Well, this actually happens at multiple levels. Even though people may not have TV sets, radio penetration is very good. We also use innovative measures with partners. For example, Coca-Cola is able to access the smallest shop in the most distant locations, and they carry material for us; we are using their distribution networks to take information and education materials to remote locations. We work with multiple civil society partners, using theatre and various other methods to access them. And certainly the reach of prevention programmes has increased considerably – it's not exactly where we need to be yet, but it is increasing. But we need to also bear in mind that those prevention messages are as relevant in Brooklyn as they may be in Africa. So, getting the message out is not only a matter for developing countries or poor countries, but also for rich ones as well, where we're beginning to see perhaps a warning upturn in the rate of new infections.

WG: You probably know of the work of an AIDS activist in South Africa, who himself is infected with the virus but who refuses to take the anti-retroviral medication until the government makes it available to all people. What do you think of such actions?

DJ: You no doubt are referring to Zackie Achmat, who has certainly been at the forefront of AIDS activism in South

Africa and elsewhere, and as you know, has impeccable credentials. Certainly as a clinician, this is not necessarily something that I would support, but I can understand his personal conviction and reasons for doing this. As I understand it, the South African government has convened a task force, including the Health and Treasury Departments, to estimate the cost of rolling out a full-scale treatment programme, including anti-retrovirals, through the public sector in South Africa. And that report on this programme is likely to come before the Cabinet in the short term. So like my answer to your question on vaccines, one has to remain optimistic and believe that things are moving in the right direction. Certainly in terms of people being able to access anti-retrovirals through the private sector, we've seen great movement by various large companies. South Africa has a well-developed private insurance system which, to date, I understand, has provided access to the anti-retrovirals through the private insurance to in excess of 15,000 people.

WG: How many people are currently infected in South Africa?

DJ: Well, the estimates are around 4.7 to 5 million.

WG: So that leaves a lot of people untreated.

DJ: Well, since anywhere between 10 and 15 percent may require treatment at any one time, yes it does leave a considerable gap, but not a gap as big as 5 million.

WG: As a way of summary, is there anything that you would like to share with us, any reflections about your work and your own thoughts about this global crisis?

DJ: Yes. It's just a reminder that we do have a plan in place, and this is the Declaration of Commitment adopted by the UN special session just two years ago. It lays out a timetable for various actions and has time-bound targets, the first of which becomes due this year, and which we'll report on at the General Assembly in early September, and a second list of targets that falls due in 2005, which relate specifically to programme coverage and impact. So we have a plan, and given the appropriate resources, we can take the host of pilot programmes and emerging success stories to the scale that is required to really make an impact on the epidemic. So the word is scale up, scale up, scale up.

WG: And so, therefore, you are optimistic that we can get a hold on this disease?

DJ: Oh yes, I am.

WG: That's a very positive note on which to end our interview. Thank you so much for taking time out of your very busy schedule to speak with us.

TRANSITION ACTIVITIES

Throughout the period of transition into a new world of unity, peace and right relations, many groups of people of goodwill are emerging whose activities are characteristic of the new group of world servers.

Right From The Start, which is a registered charity, is an educational project in human rights and responsibilities for children and the adults in their lives. The project is founded on a vision for children and their futures and is based upon respect for the inner child and the need to give all children the best possible start and to prevent the neglect and

violence that affect many of their lives. The aims of Right From The Start include: building a background of love and security in children's lives, especially during the early years; recognition of the spiritual nature of every person; answering some of the problems caused by poverty, parental loneliness and lack of support for

families; responding to the damage caused by parental breakdown and loss of family values; upholding children's inborn capacity for sociability, empathy and co-operation and to foster and strengthen good human relationships; breaking the cycle of fear, anger and abuse carried through from one generation to the next; bringing children closer to the natural world and understanding and care of the environment; counteracting the corrupting elements in commercial pressures and materialistic values; reducing the tensions experienced by many teachers and enhancing their sense of fulfilment. The project's vision is presented through a series of practical and accessible books for parents, child carers and also nursery and primary teachers. Each richly illustrated book focuses on a single theme but is inter-connected and supportive to the rest of the series. The first book in the series has now been published called *Sound Sleep - Calming and helping your baby or child to sleep*, a sensitive publication which responds to the anxiety and exhaustion of parents who may be on the verge of abusing their own children (see www.hawthornpress.com/s-sleep/reviews.html). For further information and a full list of planned publications contact Right From The Start, Welcome Cottage, Wiveton, Holt, Norfolk NR25 7TH, UK; Tel: +44-(0)1263-740935; Email: sarah@rightfromthestart.fsnet.co.uk

Compassion Response Network (CRN) is a group whose mission statement is "To facilitate the emergence of a goodwill network in which the hands of men and women of goodwill are strengthened so that they become enabled to directly provide a meaningful compassionate response to the most urgent needs of humanity". The thinking behind the group's vision is based upon principles such as inclusiveness, harmlessness, compassion, goodwill and the establishing of right relations, and is inspired by the teachings of Alice Bailey. The group's main *compassion* objective, which is educational, is: "To identify with the millions in the world with AIDS and facilitate a compassionate response

through direct action until their suffering is transmuted to hope. To facilitate AIDS treatment and testing projects of sufficient scientific-medical quality to attract the interest and commitment of major aid and charitable groups. To cooperate with these groups in order to provide effective long term responses to the Aids Pandemic." CRN initially developed a "no cost" Programme of Action for the alternative treatment and blood testing of AIDS patients in Africa, particularly in Kinshasa, Democratic Republic of Congo, where patients who received treatment reported rapid improvement in health and asked for the treatment to be continued; however, due to a lack of financial resources the more extensive trials that were necessary to further develop the programme could not take place. Arising out of this initiative the group, who communicate by email as they are scattered across the world, decided to focus their energies on the massive challenge of helping to raise public awareness of the efforts of all those people of goodwill, whether groups or individuals, who are dedicated to finding a comprehensive response to the global AIDS pandemic. CRN's approach to this global crisis is based upon "four fundamental pillars" which, briefly summarised, are: the provision of free goodwill care for basic health needs; the demonstration, through an independent comparative survey, of the effectiveness of alternative health treatments with optimum blood testing and open publication of the results; the direct involvement of AIDS patients in discussion and planning of a comprehensive response to the AIDS crisis in Africa; and finally the development of an international and independent Alternative Treatments Movement, with participation from all interested parties seeking a comprehensive solution to AIDS and other major illnesses from the perspective of alternative treatment leading to a global conference and an "International Treatments Comparative Testing Charter". For further information, contact CRN, PO Box 582, Gosnells WA 6110, Australia; Email: keane@nw.com.au ; Web: www.compassion-response.net

HELPING TO BUILD RIGHT HUMAN RELATIONS

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