DOING OUR BEST
ALL OF US

Progress With Mental Disabilities
INTRODUCTION

How can we influence others to recognize a person by what she or he HAS or DOES, rather than doesn’t have or can’t do?

Mentally impaired, mentally disabled, mentally handicapped, brain damaged, mentally retarded...a lot of labels to slap on a person. Do you know anyone who has allergies? Would you ever refer to him or her as an “allergic”? Or might you have friends or relatives suffering from a chronic rash or intestinal problem? Would it ever occur to you to speak of them as rashy or colonic? What about someone who is afraid of the dark or of heights? A phobic person? Of course not! These are all people first—WITH allergies, rashes, spastic colons, phobias, and perhaps mental disabilities.

Who wants to be identified with a weakness?

Last year marked the half-way point of the Decade of People with Disabilities. The implementation of the World Programme of Action was evaluated. If you had been one of those being observed, how would you have scored?

Do people with disabilities serve among your staff or volunteers? Have you remembered their needs when constructing or renovating facilities? Are materials prepared in forms that can be used by people with visual, hearing or other communication limitations? Are people with disabilities involved in the planning, implementation and evaluation of programmes that concern them?

We are posing many questions. But if you first ask yourself in earnest, and then discuss them in good faith, the answers will come.

Whatever caring group of individuals, church or other organization you belong to, you can promote the participation and integration of people with disabilities BY THE FORCE OF YOUR OWN EXAMPLE.

If you want, this issue of CONTACT can serve as more than a reminder. And more than encouragement. It can challenge your conscience.

Sandra Freeman

PROGRESSIVE action takes a willingness to disregard tradition and a talent for using locally available resources in better ways.

Cover: Photo by Gisela Uhlmann
JEAN VANIER AND HIS EMBRACING ARCH

The world-wide trend in caring for people with mental disabilities is toward community handling. And yet, there are many families who, for whatever reason, are unable or unwilling to keep their "different" family member at home. In these cases, certain residential facilities are a great blessing.

In 1964, Jean Vanier, a former Royal Canadian Naval Officer and philosophy lecturer at the University of Toronto, decided he wanted something more meaningful for his life's work. He went to France and visited his long-time friend and adviser, Dominican Priest Philippe Thomas, who was acting as spiritual counsellor in a "forward-looking institution for handicapped boys in Trosly-Breuil. He suggested that Vanier go to see some state-run institutions, which he did. There he witnessed the "treatment" of people with mental disabilities. Vanier then bought a 6-room house as an alternative for caring for these individuals. Two young men whom he had met in 1 of the facilities were invited to live with him.

That was the 1st "Ark" community (l'Arche" in French); and 23 years later, there are more than 630 family-style communities worldwide, serving adults with mental handicaps. More recently, The Forestiere was established, a community housing 10 severely disabled men and women, none of whom can talk, few of whom can walk. (1)

Most people can identify with the pain of parents who discover their baby is not 100% normal. We are filled with sympathy for their adjustment to severe mental handicaps in their child who struggles through the years. But what about the child? What about his or her pain of being that disappointment?

WCC Photo by Ron Rice
Jean Vanier, WCC 6th Assembly, Vancouver, Canada, July-August 1983

"To welcome people as they are, holding their wound and discovering their gift: I think that is the heart of every relationship ... to walk with the poor, there's only 1 way of doing it: it's to discover our own poverty ... How can you hold on to the brokenness of someone unless you're holding on to and have accepted your own brokenness? ..."(2)

What keeps them going and growing? The "faith and light" of the residents themselves. Jean Vanier reminds us of the wonder and mystery as people with mental disabilities bring out the best in us, loving us simply as we are. "GOD HAS CHOSEN WHAT IS WEAK TO CONFOUND THE STRONG."

The biggest challenge, he says, are the people who come to help: "caring for the caring". These low-paid volunteers usually face a period of disillusionment and despair following their initial high spirits. Some never manage to get beyond that stage and leave the community, feeling over-burdened by the demands of such a life. But, a growing number have made l'Arche a lifelong commitment, and for them it is the spiritual nourishment which sustains them.


L'Arche is a church... a group home, a rehabilitation centre, and more. L'Arche is a unique community of people that has intentionally sought each other out. Society has labeled them "mentally retarded", "handicapped", or "disabled". Given this distinction, those who live in L'Arche are aware of their differentness and are trying to live and work with it. The community is complex, sometimes resembling a church with all its meetings and prayer rituals. It also appears like a group home, where people who are non-disabled care for people with disabilities. And it could be considered a rehabilitation centre, where many of those with disabilities who lived in the confines of an institution are learning to live in a less structured, more encouraging world. L'Arche is all 3 of these and more.

The "Vine" was the first house of this Arche community, started 10 years ago. It is located in a part of London known for its rich ethnic, social and economic diversity, with people from many of Britain's former colonies living in the surrounding neighbourhoods. The community has grown to include 4 houses, a workshop called the Wedge, a garden project and in the future, a home for people with severe mental retardation.

L'Arche itself is a wide and sometimes wild cross-section of humanity. Gatherings here change constantly as people live, work, fight and play with one another, all in their own way trusting in God's love. And it is through this common hope of a plan for them that each individual pushes forward and kindles the light that shines forth.

The Workshop

Woodworking

David has straw-coloured blonde hair that sticks up in the air. His glasses slide down the bridge of his nose. He is strong enough to lift tables that usually take 2 people. Although unable to communicate verbally, he can understand what others say to him, and has developed an elaborate system of sign language and tongue clucks.

When I began working with wood, David was the master teacher. To be honest, my task of installing new shelves against the wall terrified me. There were entire sets of screws, screw drivers, planes, hammers and electric tools to learn. David handed me the correct instruments before I knew which ones I wanted or needed; and his efficient movements at hammering were an example to me. He supervised my work closely and was also quick to give me a hug for a job well done.

Stoneworking

Stone objects created here range from small birds to large, heavy columns used to support the porch. Rick, an older man who has lived in the community for 10 years, has Down Syndrome and faulty hearing. The principle of making stone objects is the same as with plaster molds: mix sand and cement together, pour it into a mold, add water, let the solution dry overnight, remove it from the mold the next morning. But to Rick, who has been doing this work for many years, it is always a source of amazement. One day, after opening the mold of a fresh column, he stood back for a moment and...
admired the object standing by itself. Then he said with bashful pride, "Well I'll be! It keeps on coming out right, yet I'm never sure why it looks so good or how it happens. It must be a miracle". So it is, and so it will be for Rick every time he has a hand in this creation.

Weaving

Upstairs in the Wedge is the weaving section. People working here produce works that are original and not from a kit or pre-fabricated pattern. Each person hooking rugs designs his or her own pattern, painting the mat and choosing the colors. Those who are weaving, also work on scarves, book covers and cushion covers.

Bill, a tall man with a ready smile, works in one corner of the room. Although he has cerebral palsy, he has found that among his many gifts is weaving. He is so talented in this area, that he has begun studying a class outside the workshop — as his teacher (who is non-disabled) is unable to teach him any more! Bill spent more than 30 years of his life in an institution and is eager to explore the world opening to him. He has recently discovered that he understands many more words than he realized. So, he is also learning to use a computer as an alternative form of communication. He loves symphonic concerts, which he attends alone, and goes to Westminster Cathedral on the bus every Sunday morning.

Making a Home out of a House

It is in the houses that people sleep, relax, prepare meals, clean dishes, vacuum their rooms, wash clothes, pray and congregate — becoming in many ways a family. Mid-morning and mid-afternoon, one of the loveliest British customs, that of "Tea Time", provides the community a relaxed and spontaneous time to share. No one is assigned to make the tea; it just happens. And sometimes people from the other houses join us for a visit.

The evening meal is a main event of the day. Two cooks, one of whom is disabled, either become "partners in crime" or "chefs extraordinaire". Jane, a house assistant, has claimed this to be one of the most meaningful times for her. This is because many of the residents are non-verbal. In preparing the evening meal with Kyle, who is mentally retarded and usually silent, Jane and he can work together, rinsing the salad, chopping vegetables, setting the table, communicating without words.

Presentation of the meal itself, with a strong sense of tradition, has become a ritual. Grace is usually sung, chosen by someone at the table, with old camping favourites like, "Praise Him", or "The Lord is good to me, and so I thank the Lord". After the meal, fruit is usually served and another prayer sung. People then honour the "spirituality of the sink" by filing into the kitchen, where everyone shares in the washing,
rinsing, drying and stacking of the (hopefully) clean dishes. While I often dream of how nice it would be to have a dishwasher, I realize that I would never understand the saying, "Many hands make light work."

**Community Decisions**

Community decisions are made on Monday evenings, after the meal and washing-up. Our house leader, with the residents’ involvement, guides the household through the calendar of events for the upcoming week. Typical events include coordinating meetings for house and workshop leaders, assistants’ meetings, Council meetings, local Committee meetings, Faith Groups, Gospel Sharing groups, Community Evenings, regional meetings, zone meetings and international events within the network of l’Arche’s family. There are often special events, too, like birthday parties, leaving parties and holidays. After covering the week’s activities, household responsibilities are assigned, such as who is cooking on which days, who is responsible for prayers, who will take care of welcoming visitors.

**Prayer Time**

After the house meeting, members gather for prayers. This is a central part of the life of the community, as it reminds us all of who we are and whose we are. It also helps to shape this collection of individuals into the whole. We close with the song of l’Arche:

Father, grant that l’Arche be a true home,
Where the poor in spirit may find life,
Where those who suffer may find hope,
Keep in your loving care all those who come.
Spirit of God, give us greatness of heart,
That we may welcome all those you send.

Prayers said and sung, members of the household usually watch television or listen to the radio or a tape, make some more tea, work on assembling jigsaw puzzles or go to the pub (bar) down the street. Some like to go straight to bed. Most of us look forward to meeting in the morning the people we have come to know so well.

**Neighbour-to-Neighbour Relations**

The l’Arche community’s impact upon the larger neighbourhood is inevitable, as it is situated in the midst of the bustling sights and sounds of London. Because it is a Christian community, it was natural for the strongest bond to emerge with the local parish, especially the priests.

In talking with some of these religious leaders, I learned that members of their congregations who have disabilities are making considerable contributions — especially to worship services. One priest told us about Rachel, a young woman in her 30s who is mentally retarded. Passing the Peace had always been a cool, calm, formally polite part of the service, where people said hello to a neighbour, shook a hand and remained quietly in their places. Since Rachel joined, along with others from the l’Arche community, Passing the Peace has become a period of joy, closeness, warmth, great spontaneity.

When the priest says, “The peace of Christ be with you,” the congregation responds, “And also with you”. Rachel then becomes the embodiment of peace as she reaches out to hug those close to her. Next she leaves her seat and begins wandering through the aisles of the church. Greetings such as, “How are you, darling?” and “Ah, it’s lovely to see you!” are punctuated by more hugs and growing laughter. Meanwhile, the priest and other celebrants follow Rachel’s lead, calling each other by name, chatting and embracing one another. After a time, the organ begins to play and people smiling walk slowly back to their places. The peace of Christ is alive, having been passed and ignited by the presence and love of Rachel.
Everything in Its Time

From day to day, the presence of l'Arche is visible on the streets and in the shops. The community is a great believer in walking as exercise, and many people go out in groups of 3 to 5. While there is a shop where many of the products made here and in other l'Arche communities may be purchased, few people from the immediate neighbourhood are customers. But life is so busy with work, meetings and house events, that few people have been able to give the question of neighbourly relations much thought — yet.

WHERE IS THE WONDER

by M. Barr and D. McGregor

Where is the wonder that I once felt,
Watching snowflakes melt
as a child?
Where is the wonder that I once knew,
When a sky of blue
turned wild?
Where is the magic that thrilled me so,
Watching flowers grow
in the spring?
Where is the magic that filled the sky?
How did robins fly
and sing?
Where are the marvels that I marvelled at?
What changed a kitten to a cat?
Where are the mysteries
that I couldn't solve?
What made the world revolve?
Where is the wonder that years conceal?
That a child can feel
now and then?
Oh where is the wonder of long ago,
That I'll never know again?

Until now, the community has found relations outside the house difficult to maintain. It is, however, the hope of many that this important issue will be addressed in the near future. For l'Arche is not at all "that house" to be tolerated by others passing by. L'Arche, like all other houses lining the street, has its rightful place here and its roots are growing firmly and strongly into the surrounding soil.
REHABILITATION BROADCASTS FOR RURAL AREAS

These radio scripts were written in 1984 for broadcasting (translated) to villages in Pakhtun, Pakistan. For persons with disabilities in these villages, rehabilitation facilities are non-existent. That is also the situation for about 70% of all disabled people in the world. Family finances are very limited. The broadcasts are intended, therefore, to be congruent with these resource constraints, while appealing to the common sense and practical wisdom of the audience.

Interested persons are most welcome to make any use of the following scripts, as written or in modified form, by duplication, broadcast, cassette recording, publication or any other method. I would be glad to know how the material has been used, especially if feedback is received from rural listeners...

It is to be hoped that people with disabilities themselves and leaders of rural communities will take responsibility for shaping and directing the flow of practical information, and for making it a reciprocal process. Not until this stage is reached can one anticipate a genuine movement of local communities towards integration of people with disabilities into society.

M. Miles, Mental Health Centre, Peshawar, Pakistan
(from documents dated May 1984 & November 1986)

Adapted here is 1 of Dr. Mile’s 14 radio programmes from Rehabilitation Broadcasts for Rural Areas, a publication available from:

International League of Societies for Persons with Mental Handicap
248 Avenue Louise, Box 17, B-1050
Brussels, BELGIUM.

It is 46 pages long and includes valuable guidelines for presenting and adapting broadcasts to local needs.

No. 9: PROGRAMME FOR THE MENTALLY RETARDED CHILD

(Note: Broadcast No. 13 GOING TO SCHOOL deals with children with mental disabilities and their integration into existing schools. It was not reprinted here due to space constraints.)

Counsellor: Two months ago we met the parents of young Tariq, a boy who is mentally disabled. This week they are here again to discuss their progress.

Father: Thank you for the advice you gave us about Tariq. After 2 months we have begun to see a difference in his behaviour. Life is easier at home now. Before, everyone in the family was making up different rules for Tariq and then changing them. He could not understand what was wanted. So we took your advice. We all agreed on a plan to help the boy. We decided that whatever he could do for himself, he must be encouraged to do.

Counsellor: Very good! How did that work in practice?

Father: At first it was difficult. Tariq had become used to being treated like a baby. When we told him that he must try dressing himself, he screamed. Because of the noise, my wife wanted to dress him herself. She said, "The people of the village will say that we are torturing the boy." But I said, "Let's try it only for 1 week. Nobody is hurting him. Perhaps he will get tired of screaming and will do what we want him to do." So we ignored his screaming and just carried on normally. On the second day he stopped the noise and tried to get himself dressed. Then we praised him. He managed to put his trousers on but could not fasten his belt. He got his shirt on all right, but could not do up the buttons. So we helped him with those things which he couldn't do. Whenever he dressed himself, we told him that he was a clever boy.

Counsellor: Very good! Your approach is correct. Mentally disabled children often find ways to embarrass their parents, such as screaming or throwing their food on the floor. It is important not to let them succeed in this game. Suppose Tariq screams and as a result you do something he wants, in order to keep him quiet. What does he learn from that? He learns that screaming is a good method to get his own way. Next time he wants something, he screams again. But if you ignore this, he will learn that it does not help to scream.

You were right to praise him as soon as he did what you wanted. You see, there has to be a balance. Whatever you do, the child must know that there is some way he can please you and earn your praise. If you ignore his bad behaviour but you give him nothing else to do, then the child will feel rejected and unloved. Then he has a real cause for weeping. So you need to find
plenty of things for him to do, so that he can succeed and earn praise.

Mother: This has been part of the problem. We don't know what sort of thing to tell him to do next. Most of the time he is just playing with the other children of the village, and with children much younger than himself. I sometimes ask myself whether he will ever grow up.

Counsellor: He certainly will grow up, if he is encouraged to join in all the normal activities of life. Let him play with the other children. He will learn new words from them and he will discover how to act cooperatively with other people. But his ability to understand things will be less than theirs.

Mother: But what things should he try to understand? You know, with normal children they seem to learn everything as they get bigger. Usually by the time a child reaches Tariq's age, he can tell about what he has been doing during the day. He is able to run to the shopkeeper to buy bread. After a few more years he knows something about farming, he can help in the fields, he can learn old stories from his grandfather and can repeat them. All these things a boy picks up naturally. But what happens if a boy does not learn them? Who can tell what he should learn or how he will learn it?

Counsellor: These are good questions. The answers depend on your own situation at home and on the child's ability. You must sit together as a family and decide what action you want Tariq to learn next. Then you must think of every small part of that action, and see whether Tariq is ready and able to do each part, or whether you need to wait for him to grow and develop some more.

Let me explain. Suppose you want Tariq to go and collect bread from the baker. He needs to know where the baker is and how to find his way home again. He must know that if other people have come to buy bread before him, he must wait his turn. He must take with him the cloth to wrap the bread, and the money to pay. Tell me, is a child born with all this knowledge in his head?

Father: Of course not! When he is big enough he goes each day with his brother or his father, and so he learns. So you mean that Tariq should learn everything little by little in this way?

Counsellor: Yes! But I am also saying that every action is made up of smaller actions, each of which needs to be learned. It is useless to try to make a child do something that is too complicated for him. It is only by closely watching what he can actually do that you can find out what his next task is, and whether he will be able to learn it. It is useless to force him to do anything that is too difficult and contains actions for which he is not yet ready.

Let's take an example: Tariq can put on his shirt, but he cannot do up the buttons. To put on his shirt, he has already succeeded in many other small actions. He can tell 1 side of the shirt from the other. He can find the arm holes and push his arms into them. He pulls the shirt over his head and down over his chest. So he deserves your praise. Now to do up the buttons he needs a different set of movements. The button is small and needs to be grasped with the fingers. The buttonhole is also small. And you must realize that once Tariq has put on his shirt, he cannot easily see the buttons because they are beneath his chin.

Mother: I suppose he must first of all practise the boy begin learning with big buttons which he
can easily grip with his fingers. Let him start by UNdoing buttons, because that is easier than doing them up.

Father: I see! We will make a programme for him. On the first day he will learn to undo big buttons. On the second day he will learn to do them up. Next day he will try small buttons. After a week he will succeed in buttoning his own shirt even while he is wearing it!

Counsellor: That’s right. But don’t be surprised if your programme takes a month instead of a week! One step might take a day, then the next step might take 10 days. Another point to remember is that the child may not be able to give his attention for more than a few minutes. Let him practise an activity for 15 minutes in the morning, and again in the evening. He will learn more by this method than if you force him to sit down for a whole hour once a day.

To help the mentally disabled child learn, you need to look at everything from several different points of view. For example, until the child learns to do up his trouser belt, you could sew an elastic band into the trousers so that he can put them on by himself without trouble. Then he becomes independent more quickly in dressing himself and going to the toilet. You could also sew a zip fastener into his shirt instead of buttons. There are a thousand simple steps like this, which provide a way out of a thousand difficulties. Each one requires patience and thought to find.

WHO Photo
All children play together at this Montessori school in the Philippines -- a pioneering example of successful school integration.

The World Programme of Action Concerning Disabled Persons recommends that whenever possible, facilities should provide early and continuing educational opportunities to disabled and non-disabled children together. Having a mixture of children in the same group has benefits for both which far outweigh any initial inconvenience. It provides stimulation and social interaction for disabled children who might otherwise be isolated from contacts with their own age group, while it tends to demystify disability for the others and helps them to be more accepting of differences of all kinds. Initiated at this level, children will grow into more understanding adults to whom the idea of disabled and non-disabled people living together will be natural.
The editors of CONTACT find the following effort most heartening, as it is in keeping with the publication’s goal of reporting on ‘topical, innovative and courageous approaches to the promotion of health and integrated development’.

The **TSA Centre for Mentally Handicapped Children** is a Christian Social Welfare Agency in Pakistan run by Technical Services Association (TSA). Opened in 1983 in response to the Government’s emphasis on the welfare of people with handicaps, it aims to provide maximum facilities for the mentally and socially disadvantaged.

The centre has grown from 2 children and 1 teacher to more than 35 children, 7 teachers and 2 volunteer workers. In order to accommodate the children from villages, a small hostel has been opened, where some residents live. Converting the centre into a residential home is a possibility, but depends on funding. Most expenses are currently being met by private donors.

**For more information,** write to:

Technical Services Association
23-2 Race Course Road / Lahore, PAKISTAN.

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**CMC NOTES**

**1988 WHO Award for Health Education in Primary Health Care**

An annual award in the field of health education in primary health care has been established by the WHO, thanks to the generosity of the L.I.S.Z. Foundation. Its purpose is to reward outstanding contributions made by any person(s), institution(s) or nongovernmental organization(s) towards strengthening Health Education in primary health care. The award consists of a cash prize of US$5,000, to be used for continuing these health education activities, and a commemorative plaque.

Nominations for the 1988 award must reach WHO before 30 September and be addressed to: Health Education Service / Division of Public Information and Education for Health / World Health Organization / 1211 Geneva 27 SWITZERLAND.

The **Rev. Harold Wilke**, Founder/Director of the HEALING COMMUNITY in White Plains, New York, wrote on 1 June to the CMC. His spirits were high as usual as he told of the many steps forward people with disabilities are making, including coast-to-coast television cover-age of courageous individuals and programmes! He also had this to suggest when approaching people and trying to help them become more aware and actively supportive:

**Target the parents:**

"Don't limit the possibilities!"

**Target the physicians:**

"The human body has many ways of coping."

**Target the schools:**

"Place these children in normal schools!"

**Target the churches:**

"Disability comes not from sin!"

"Preaching must be that of faith and hope and love."

**Target the psychologists:**

"The human spirit is far more resilient than we know!"
Stressing the uncertain nature of physical — and mental — well-being, Dr. Michael Irwin, Medical Director as TAB - temporarily able-bodied. For sooner or later, through accident, circumstance or the natural plo effect our equality. *See page 20 for captions.*
WHAT WE HAVE

Photo Story

of the United Nations Medical Service in New York, refers to himself and those who are not disabled (yet) of aging, we all lose something. This point in common should remind us that our differences in no way
CONCLUSION

According to the Oxford Dictionary, a handicap is a "hindrance, a thing that prevents one from doing something". And yet, people with mental disabilities are perhaps the most able to heal. Look for a moment at the work of the A.A. — Alcoholics Anonymous. These people admit to their brokenness, and through their open sharing and caring are able to help one another. For guidance, look also to the work of the numerous groups cited on the preceding pages. It would seem that the less disabled we are, the less willing we are to be honest — the more able we are to cover up the truth! But, in this misguided way, our mental "wholeness" surely becomes a handicap. Therefore, if we are less able, we are dis-abled.

Welcome to humanity!

“TEN COMMANDMENTS”

For Our Relationships with Persons With Disabilities

by Rev. Harold Wilke

(Presented at United Nations, New York, celebrating the International Year of Disabled Persons)

I. I am God, Your Creator. I have brought you out of bondage. Liberation is a sign of the life I give you.

II. Remember the Sabbath Day, to keep it Holy; you shall be wholly before Me — the entire congregation, excluding no one because of disability or handicap. I am God, to whom ALL shall have access; You may place no barriers before Me.

III. I name you My children; Therefore, let no one else define My sons and daughters. Call no one "crippled" or "disabled". They are persons. Persons WITH disabilities — individuals WITH handicaps.

IV. Fear not one another; I know the confusion of your embarrassment — your fears — your anxieties. Your brother’s handicap — your sister’s disability confronts you; You, too, are vulnerable. You are both in My care. You are one in My sight.

V. Know that I, your God, have placed good in all of you; You shall not look down upon or patronize the person with a handicap. Recognize that the personhood shared in common is far greater than the differences disability creates.

VI. Your cup runs over with the fullness of life I give you. In your human way you define that abundant life to include response to me in worship, intimacy with one another, education, employment, a place to live, transportation, meaningful activity, cultural expression, and civic responsibility. From these opportunities you may not exclude those you call disabled. Your rights are their rights.

VII. I place within you varied gifts, abilities, strengths. Do not forget these same abilities, insights and knowledge are in those you call handicapped, crying out for expression.

VIII. Be grateful for the inspiring quality of life within persons with handicaps, which in turn engenders within all of you perseverance, humour, coping abilities, patience, and creative victory.

IX. Recognize in that commonality you all share there is also frustration, anger, anxiety and despair, reminding you all of your common frailty and your common need for wholeness and salvation, and calling you to mission, to provide succor and justice for all.

X. Give ear to My eternal promise, set forth in Scripture, that underneath are the everlasting arms. Hold fast to My assurance to all human-kind that goodness and mercy shall follow you all the days of your life, and you will dwell in My house forever.

AMEN.
USEFUL PUBLICATIONS

The World Health Organization (WHO) published a guide in 1980 that encouraged families and community members to take responsibility for preventing disability from occurring: nearly 1/3 of all disabilities are considered preventable. Training Disabled People in the Community, its new title, addresses itself to the question, "How?"

If a disability already exists, the earlier positive intervention takes place, the better. And the manual provides training material to arm selected community members.

Many of the ideas in this guide have come from the disabled themselves and have been proven to work in many different parts of the world. It has been periodically updated, and copies can be ordered in English and French.

Available from:
World Health Organization
Rehabilitation Department
1211 Geneva 27 / SWITZERLAND

A Spanish version may be obtained through the Pan American Health Organization (AMRO/PAHO) in Washington, DC; editions in 23 other languages are also being prepared.

REHABILITATION REVIEW is an international 12-page illustrated newsletter, published 3 times a year. Most encouraging are up-dates on the latest progress world-wide through the 122 organizations in 80 countries which form the federation of Rehabilitation International. They conduct “programmes to assist people with disabilities and all who work for prevention, rehabilitation and integration”.

More information from: Rehabilitation International / 25 East 21st Street / NY, NY 10010 / USA

NOTE: The Appropriate Health Resources and Technologies Action Group Ltd (AHRTAG) have asked us to announce their new address. In April, they moved to: 1 London Bridge Street / London SE1 3SG / UK.

AHRTAG
Appropriate Health Resources and Technologies Action Group Ltd

Information Package for a Family Member of a Person Who has Difficulty Learning — How to Understand the Person’s Disability and What to Do About It (IP/2)

Training Package for a Family Member of a Child Who has Difficulty Learning — How to Train the Child to Take Care of Himself or Herself (TP/1)

These 2 WHO documents, both 14 pages long, were updated in September 1986, and are part of a larger publication, “Training Disabled People in the Community”. They complement each other and provide a simple and practical method for helping a person with disabilities gain as much responsible independence as possible.

More information from:
World Health Organization / Rehabilitation Department / 1211 Geneva 27
SWITZERLAND

(Illustration from WHO Information Package, page 8)
The booklet, "Improving Communications about People with Disabilities" urges people in the media to present the disabled in ways that, wherever possible, demonstrate their varied, positive and multidimensional participation in society. The ultimate goal is to improve public perception of people with disabilities.

This well illustrated publication addresses itself to all disability groups and provides information that can be adapted to different media, situations and countries. The project was intended as one of many follow-ups to the UN-sponsored International Year of Disabled Persons (IYDP), held in 1981, and meant not as an end in itself but as a spring-board for programmes that should be well under way by now.

Available from:
United Nations Division for Economic and Social Information
Department of Public Information
New York, NY 10017 USA or
Rehabilitation International
432 Park Avenue South
New York, NY 10016 USA

THE CHALLENGE OF L’ARCHE, published in 1982 by Darton, Longman and Todd Ltd., 89 Lillie Road, London SW6 1UD, UK, is an informative and revealing book if you would like to know more about the communities. It is 276 pages and costs £6.95.

THE BROKEN BODY — Journey to Wholeness, by Jean Vanier, published in 1988 by Darton, Longman and Todd Ltd. "This book is for young people, sometimes angry and rebellious, yet open; sometimes lost, yet searching and thirsting; sometimes weeping, yet maintaining a glimmer of hope. May it help us to discover the waters flowing from the brokenness of the world and from the heart of Jesus." 145 pages. Cost: £3.95 / SF 11.


HEALING COMMUNITY is dedicated to helping congregations become reachable in attitude, architecture, communication on behalf of persons with disabilities and handicaps — worldwide. When their quarterly periodical, "The Caring Congregation" first appeared, we reviewed it as an inspiring and practical resource. Six years later, we are happy to re-affirm it.

"A Call to Action within the Decade of Persons with Disabilities, For Church, Synagogue, Temple and Mosque" is a resolution of Healing Community recommended for action to the religious world. It is a religious version of the Nine Goals adopted by the U.S. Congress in April 1984, and parallels the United Nations' statement of concern for the Decade. Religious groups are challenged to adopt and act upon these goals, making them part of their programmes.

Another publication is a leaflet, "Are Disabled People Welcome in Your Congregation?" (Price 15c)

Both are available from: Healing Community, 139 Walworth Avenue, White Plains, NY 10606, USA.
Is there life after death?

We on this side are unable to judge. Some of us hope, others scorn. VISIONS OF HOPE is a video and accompanying transcript featuring 6 individuals who have been deeply affected by their own near death experience. The transformative effect on their lives is one of profound peace. And the message is clearly transition from 1 stage of consciousness to another, not a cessation of life. In addition to these personal accounts, professional comment on this phenomenon is provided by prominent doctors and theologians.

Dr. Elisabeth Kubler-Ross is also interviewed—a prominent authority and author of many books dealing with death and dying. (See CONTACT 97 “Useful Publications”). Dr. Ross speaks of individuals who have been blind for many years, but are able to accurately describe the people and activities around them at the moment of their clinical death. A truly remarkable and most positive look at this life, death and the next life.

English version available from: Green-sleeves Books / 23 All Saints Villas Road / Cheltenham, Glos / GL52 2HB / UK
Price: Video — £26.00 plus £1.00 surface mail and £3.00 airmail. Transcript — £2.50

French version available from: Souffle d'Or / BP3 / 05300 / Barret Le Bas / FRANCE
Price: Vedic — 250 FF plus 30 FF for mailing. Transcript — 25 FF

IMPORTANT: Video is VHS English and American format system — NTSC (not Beta).

The Deprived, The Disabled and The FULLNESS of LIFE, published in 1984 by Michael Glazier, Inc., 1723 Delaware Avenue / Wilmington, Delaware 19806 / USA. 150 PAGES. It is authored by Austin SMITH, C.P., PhD, the Director of an Inner City Mission and Prison Chaplain in Liverpool, England / Virginia HARRISON, PhD Cand. and biologist at Webster College in St. Louis, Missouri, has been using a wheelchair and crutches throughout her life and helped found a world-wide spiritual movement run by and for persons with disabilities / Stanley M. HAUERWAS, PhD, professor of Ethics and Theology at the University of Notre Dame. He has been a legal guardian of persons who are mentally disabled. / Harold WILKE, PhD, is an ordained minister in the United Church of Christ. He founded an ecumenical organization, “The Healing Community” to assist various alienated groups into the mainstream of church and society. He himself has no arms. / Henry B. BETTS, MD, is internationally known for his work in rehabilitative medicine. He is Chairman, professor and attending medical staff physician at Northwestern Memorial Hospital, Dept. of Rehabilitative Medicine and Medical Director at the Rehabilitation Institute, Chicago. He has received many honors. / Edited by Flavian DOUGHERTY, U.S. Director of Stauros International, an organization which conducts studies and projects on various aspects of human suffering.

CMC NEWS

The CMC is glad to announce the first Arabic issue of CONTACT. “Training Health Workers”, which first appeared in English in CONTACT 78, April 1984, has been printed in Arabic and is now available from: Bishop Serapion / Bishopric of Public, Ecumenical and Social Services / P.O. Box 9035 / Nasr City / Cairo EGYPT.
New Testament, I CORINTHIANS

Chapter 12:13 - 20:27.

The variety and the unity of gifts

There is a variety of gifts but always the same Spirit; there are all sorts of service to be done, but always to the same Lord; working in all sorts of different ways in different people, it is the same God who is working in all of them. The particular way in which the Spirit is given to each person is for a good purpose (and is) — the work of one and the same Spirit, who distributes different gifts to different people just as he chooses.

The analogy of the body

Just as a human body, though it is made up of many parts, is a single unit because all these parts, though many, make one body, so it is with Christ. In the one Spirit we were all baptised, Jews as well as Greeks, slaves as well as citizens, and one Spirit was given to us all to drink.

Nor is the body to be identified with any one of its many parts. If the foot were to say, 'I am not a hand and so I do not belong to the body', would that mean that it stopped being part of the body? If the ear were to say, 'I am not an eye, and so I do not belong to the body', it would belong to the body none the less. If the whole body were just one eye, how could it hear? If it were just one ear, how could it smell?

... God put all the separate parts into the body on purpose. If all the parts were the same, how could it be a body? ... the parts are many, but the body is one. The eye cannot say to the hand, 'I do not need you', nor can the hand say to the foot, 'I do not need you'.

It is precisely the humbler parts of the body that are indispensable; and it is these that we clothe with greater care ... than our stronger parts need. God has arranged the body so that more dignity is given to the parts which are without it, and so that there may be no sense of division within the body, but that each part may be equally concerned for all the others. If one part is hurt, all parts are hurt ... If one part is given special honour, all parts rejoice.
...HOPE IS WHAT IS LEFT WHEN ALL ASSURANCES ARE TAKEN AWAY AND YOU ARE STILL SET ON REACHING THE GOAL "ON THE OTHER SIDE" OF THE GULF OF YOUR PROBLEMS, SUFFERING AND DESPAIR. HOPE IS AN EXPRESSION OF HUMANKIND'S PERSISTENT CLAIM TO THE FUTURE ... HOPE FACES REALITY WITH THE DETERMINATION TO OVERCOME ... TO LIVE, TO BE VICTORIOUS, TO SEE A BETTER DAY ... HOPE IS POWER AND IT IS CONTAGIOUS ... "Lutheran World Information" 47/86
CMC SAYS FAREWELL TO ERIC RAM

With this issue of CONTACT the Christian Medical Commission says farewell to Director Eric Ram whose term of office with the World Council of Churches ended 30 June.

Dr. Ram came to CMC in 1978 from Miraj, India where he was Director of the Department of Community Health in the Miraj Medical Centre and creator of an innovative integrated health services pilot project.

During his tenure Eric attended all but one of the ten Regional Consultations on Health, Healing and Wholeness spanning six continents. Under his leadership the consultations brought together clergy and medical professionals to explore the relationship between health and religion. The first seven were in developing countries, the last three in industrialized countries.

Eric was deeply involved in the fight for justice in health care. He was equally at home in the political arenas of church and government. During his time at CMC, regular quarterly meetings were held with WHO staff to share information and strategy. One of his favourite organizational responsibilities was to liaise with the International Commission of Health Professionals for Health and Human Rights.

Through his quiet diplomacy Dr. Ram was instrumental in developing very close ecumenical relationships with the Vatican through the Secretariat for Promoting Christian Unity and the Commission for the Pastoral Care of Health Workers in Rome. Under his leadership, Catholic observers and consultants participated in all meetings of the Commission.

Eric Ram's natural warmth and willingness to listen won him and the CMC countless friends over his years of service. CMC commissioners, staff and friends are grateful for Eric's service and wish him and his family God's blessing for the future.

Staff of the Christian Medical Commission

Standing from left to right: Christa, Val, Nanda, Eric, Sandra, Dave, Tenla, Christel
Seated from left to right: Minnie, Jenny, Birgitta  Insert: Reggie (on mission at time of photo)
IMPORTANT REMINDER
To You Our Readers of CONTACT

As you know, an important part of this publication's funding comes from your donations. Please note that we have not yet received 1988 subscription fees from many of you. Costs to produce, translate, print and distribute CONTACT are increasing every year and WE NEED YOUR HELP. If you are in a position to pay, especially those of you in industrialized countries or those receiving outside financial assistance, please send us a check today.

We trust that our work is serving you, and that you will help us to continue. If you are no longer interested in receiving CONTACT regularly, just let us know and we will remove your name from the mailing list.

If you have already sent your subscription fee—or a welcome donation—our warmest thanks.
A. In Central Europe

1. These Belgian children express themselves easily through painting.
   
   *WHO Photo by D. Henrioud*

2. - 9. Switzerland

2. Susann Balmer, Director of the Point du Jour School in Geneva, welcomes students for the day. From 9h to 16h Monday through Friday, these young adults arrive independently by public transport to participate in the day’s active schedule. As the school is private, most financial responsibilities are shouldered by the parents.
   
   *Photo by S.J. Freeman*

3. Part of an important triangle of work is done at the Point du Jour. CARITAS, a charitable Catholic organization, provides clean bed linens to the school, where they are cut into strips and rolled. Next, they are bagged in plastic, 10 to a bag, and packed tightly in cardboard boxes. A local volunteer comes to the school regularly to pick up the boxes which are sent directly to Mother Teresa in India for use with leprosy patients.
   
   *Photo by S.J. Freeman*

4. One student has undertaken the task of covering books with title jackets and protective plastic, as requested by a local publishing house. This represents 1 of the group’s several on-going contracts with the Swiss business community.
   
   *Photo by S.J. Freeman*

5. & 6. Many hands make the meal tastier! At the Point du Jour, young men not only have a say in the way food is prepared, they are also encouraged to help prepare it.
   
   *Photo by S.J. Freeman*

7. Students are aware of others less fortunate than they. Here, a young woman takes her work seriously as she knits sleeping bags and blankets for babies found in the streets by Mother Teresa and her staff.
   
   *Photo by S.J. Freeman*

8. & 9. La Corolle in Versoix counts among the nearly 80 l’Arche communities established on 5 continents. At their annual celebrations in June, community members, parents and friends joined their talents. Everyone shared picnics, singing, dancing, playing instruments and games to contribute to a warm, joyful afternoon. We, the TABs (temporarily able-bodied), would do well to learn from their freedom of expression.
   
   *Photo by S.J. Freeman*

★ Business card of the gift shop run by the Village Algues-Vertes, a community in Bernex. Residents with disabilities craft items for sale and contribute to the daily operation of the shop as much as possible. Part of the Camphill Movement which was founded in Scotland by Dr. Konig 40 years ago, this residence offers the experience of family, work and cultural life, necessary to all well-adjusted adults. Centres are philosophically based on the teachings of Rudolf Steiner and operate in 55 locations in England, Ireland, the Netherlands, Norway, Finland, Germany, South Africa, Switzerland, the United States and Austria, homeland of the Camphill Movement’s founder.

B. In Africa

10. A person can be trained to make the most of what she or he has. In Kenya, working with people with disabilities who are hearing impaired helps them to become productive individuals.
   
   *Photo by Wolf Kuthahorsky, United Church of Canada*

C. In North America

11. Paul is learning to write his name, to enable him to endorse his pay cheque. CALYPSO W.O.R.C. is a training school in Newfoundland, Canada.
   
   *Photo by Wolf Kuthahorsky, United Church of Canada*

12. Father John Cloonan, chaplain at St. Mary’s Convalescent Hospital in San Diego, California, presents the marriage certificate to Mr. and Mrs. Richard Zimple after their wedding at the hospital. They are both confined to wheelchairs and are residents of the hospital.
   
   *RELIGIOUS NEWS SERVICE Photo by Richard McMunn*

D. In the Middle East

13. Everyone should be given the chance to practice recognition of basic shapes. In Iran, this boy is developing a skill he will need in everyday life — much to the delight of his teacher.
   
   *IF Photo by Jean Mohr*

E. In the Far East

14. The Sunnyside Children’s Home in Hong Kong.
   
   *Photo by Ron Cole, United Church of Canada*

F. In Scandinavia

15. Here in Sweden, “another mind develops and a hand learns”.
   
   *WHO Photo by E. Mandelmann*
ONCE UPON A TIME,

Good Angel looked down from heaven and saw all the trouble on earth... She turned her head away from earth, covered her face with her hands and wept. Good Angel wept and wept and her tears began rolling further and further down. Suddenly when her tears touched the surface of the earth, they became small human beings. These little boys and girls were not like other children who grew up in time, but these children stayed children all their lives. Because they were born from the tears of the Good Angel, they kept their connection to heaven all their lives and carried the light of charity in their hearts... These children, born from Good Angel’s tears, are among us still today, and they are called the mentally retarded.

By living with these children born from tears, we will learn patience; from patience will arise gentleness; and from gentleness will arise charity. These human beings, who have been considered the meekest, are in fact our teachers and are the Good Angel’s gift of compassion for the people on the earth. The task of these children is to arouse the compassion and charity in us, the average people, who have become cold and unfeeling. Their task is to teach us to help, give, and forget ourselves.

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from Fairy Tale, by Sirkku Hiltunen, Ed.D.
CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in 4 languages: English, French, Spanish and Portuguese. Selected issues are also being printed in the Kiswahili language in Kenya and Tanzania and in the Arabic language in Egypt. Present circulation is in excess of 26,000.

Papers presented in CONTACT deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the 1st issue of each year in each language version. Articles may be freely reproduced providing acknowledgement is made to: CONTACT, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.


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