A WHOLE-PERSON HEALTH MINISTRY

THE BETHEL BAPTIST EXPERIENCE, KINGSTON, JAMAICA
INTRODUCTION

Most primary health care programmes deal with the medical needs of rural communities. In contrast, Western health programmes in the 1980s have seen a growing realization that health is not primarily medical, while the population explosion of the world’s urban areas has turned attention to our cities and the health needs of their populations.

The Bethel Baptist Healing Ministry, Jamaica is a model health programme that addresses the physical, mental, social, and spiritual health needs of an urban population.

As is often the case with successful programmes, this one was developed through the vision of a committed leader, Dr. E. Anthony Allen. Tony, as he is known by his many friends, is a medical doctor who qualified in psychiatry and built up a successful practice in his native Kingston, Jamaica. As a committed Christian he soon saw in his work the need for an integrated approach to healing. He returned to school for a theological degree and then proceeded to enlist his colleagues in the medical profession and the church in developing a wholistic health movement designed to meet the health needs of people in Jamaica. At the beginning, while supporting his family of four with a half-time psychiatry practice, Tony spent long hours planning and then overseeing and encouraging the implementation, step by step, of the Bethel Baptist Healing Ministry.

The Christian Medical Commission sees one of the fundamental tasks for the achievement of health-for-all to be capacity building, i.e. identifying, encouraging and assisting local persons to lead the community to better health. We are happy to have been able to assist Tony and the Ministry to get started. We are happier still to be able to present in this issue of Contact the Bethel Baptist model in the hope that it will encourage others to experiment in this direction in their own religious communities.

David Hilton
A WHOLE-PERSON HEALTH MINISTRY

by Tony Allen*

What are some ways that a church congregation can be involved in health care?

Much can be learned from the experience of the Bethel Baptist Church, Kingston, Jamaica. In 1972 the church council set about exploring the role of the church in healing by developing a ministry to the body, mind, and spirit of its members and the surrounding community. The Bethel Community Whole-Person Healing Ministry now offers 22 different services, each of which includes curative, preventive, and rehabilitative aspects. More than 100 volunteers work with the pastor and 11 full-time and five part-time staff to provide services for the 1400 church members, 600 persons in a low-income neighbourhood near the church, and 300 persons in three rural communities in the Kingston area.

JAMAICA

Jamaica is a beautiful island 230 kilometres long and 80 kilometres wide in the tropical Caribbean Sea. Its population of 2.5 million is composed largely of descendents of slaves brought from Africa to work in the sugar fields of British plantation owners. Slavery was abolished in 1838, and the country obtained its independence from Great Britain in 1962. Jamaica's history of slavery and colonialism is responsible for much of the nation's social disorganization and tribalism today. The repeated break-up of families as a result of the slave trade tended to marginalize men and leave women as heads of households. Seventy per cent of Jamaican children today are born to unmarried mothers — a historical legacy of this unsettled past.

Recently, as a result of economic development, large numbers of young persons have been moving to the country's cities, leaving members of their extended families, including many elderly, to survive alone in the rural areas. These young people set themselves adrift in rapidly expanding urban centres, such as Kingston, Jamaica's capital, which has grown from a population of 200,000 to 700,000 in just over 20 years. Community support systems in these areas are few. In spite of the easy-going character of the Jamaican people, violence has become a way of life in the nation's ghettos, increasingly involving young people. In 1980 alone 800 persons were shot to death.

Similar to the slave trade in its effects, recent mass migration to the United States and Canada has divided families and scattered family members, leaving children in the care of those who remain behind. In some cases, entire communities have disintegrated as a result. Another legacy of slavery is black self-hate, which ultimately acts to undermine social unity. In the Jamaican setting, religious diversity has also contributed to social disintegration.

Dr. Allen is Medical Services Coordinator for the Bethel Baptist Whole-Person Ministry.
Christian faiths alone number 20 denominations and hundreds of small sects. The control of Jamaica’s commerce by a “white-brown” minority elite has some similarities to the colour-class oppression seen in South Africa. Political and economic control, exercised by international banks through this minority elite, also hampers equality and justice. In 1987 Jamaica’s unemployment rate was 21% and the average per capita income US$1200.

It was in this climate that the Bethel Baptist Church chose to experiment with a wholistic health movement in ministering to the needs of the Jamaican people.

BETHEL BAPTIST CHURCH

Bethel Baptist Church, Kingston has healing ministries at three levels: the congregation, a health centre, and outreach to the surrounding community.

The Healing Congregation

This church has long been a community that cares for its members. Its membership is divided into what are called “caring groups.” Caring group members work together to support each other in times of distress, and they celebrate together in times of joy. Each of these groups has a leader, who is one of over 100 lay persons who receive training in counselling and, under the leadership of the pastor, do most of the “ministering” to the members of their group.

In addition, on Sunday afternoons, groups of church members visit the sick, the bereaved, and others in distress. Church members are available throughout the week to help those with urgent needs.

Bethel Baptist Church provides the usual Christian education to its members and, in addition, coordinates various activities for groups organized by age (from childhood through old age). Group activities include promotion of wellness through healthy lifestyles. A “Health Fair” is held twice a year, with workshops, displays, films, and drama productions on healthy living. Literature on health topics is made available regularly. Special keep fit classes are held weekly at the church.

Healthy family life is encouraged through such activities as “Family Month,” which is an occasion for classes on parenting, marriage, ageing, separation and divorce, retirement, and violence in the home. Special interest groups of single persons and engaged and married couples meet regularly to provide each other mutual support. The church provides a full-time counsellor as a resource person for these groups [see box next page].

Divine healing — sudden recovery from an illness, which is outside the understanding of scientific medical knowledge — has occurred.
under the prayer ministry of the Bethel Church. A group meets weekly to pray for the sick, and "Healing Sundays" held twice a year emphasize divine healing as part of worship services.

THE WHOLE-PERSON HEALTH MINISTRY
In 1972 the pastor and council members of Bethel Baptist Church became concerned with the many poor in Jamaica who were without health care. These church members felt that the man by means of counselling, medicine, faith, and prayer.” They saw religious fellowship, prayer, and spiritual gifts as resources available to be used.

The Healing Centre
In 1974, a Healing Centre was opened in the church building. It offered an evening counselling service and prayer ministry. In 1975, a part-time medical service was added. Both

Angela P—— was referred to the Bethel Centre counsellor when she sought help in controlling her 14-year-old son. The 36-year-old mother of three had been separated from her husband for nine years. She explains, “I was having a very hard time with my son, Michael. He had serious behavioural problems. His father and I separated when he was five, and I think this had a bad effect on him. I tried my best with him, but I was not reaching him.”

At the time that Ms P—— visited the counsellor, she had not been in touch with her husband for years. The counsellor suggested she contact him to discuss Michael’s problems. “I didn’t take kindly to this suggestion at all, but eventually I decided to try it. As a result, Michael was able to see his father again. This seemed to help him; they developed a relationship which has strengthened to the point that Michael now lives with his father to attend school. He visits me on holidays and some weekends. He is much happier, and his

behaviour has improved.” Although her problem is resolved, Ms P—— continues to see the counsellor. Her bi-monthly sessions help her cope better with her life. “I still have many personal problems to work out since my separation and also in other areas of my life. Talking one-to-one helps to clarify things for me and guides my decision-making. I am particularly happy about the Christian aspect of the counselling given at Bethel. I remember that from my very first visit, and ever since that, the counsellor prayed with me even before we started talking. I was very impressed with that.”

Ms P—— is now active in her church. She recommends counselling to others who have problems. “Counselling has helped me cope with the pressure I face as a single mother and also with the difficulties of trying to relate my faith to daily life. If I had had counselling earlier, maybe my marriage could have been saved. I know counselling works.”

good news of the Kingdom of God meant a reconciliation to God, through their Christian faith, and that this led them to obedience to Jesus’ command to be sharing the good news with others through preaching, teaching, and healing. They saw the church as a place where the social and spiritual as well as the medical aspects of illness could be addressed. In the church council’s Guidebook to Action they write: By healing, “we refer to healing the whole

were staffed by volunteer professionals. The services grew until, in 1985, they became five-day-a-week ministries with full-time professionals working in a new, three-story addition to the church building.

New patients are received at the centre by the nurse/interviewer, who listens to the patient and explains that the centre recognizes health problems to be the result of combined factors —
Bethel Whole-Person Healing Centre
Patient Interview Questionnaire

[On the actual questionnaire, of which only selected elements are given here, appropriate responses are coded and written in a column to the right of the questions.]

Recently, have you:

- been having any difficulty in concentrating on whatever you are doing?
- been feeling a loss of desire to eat?
- had difficulty in sleeping?
- been losing interest in your day-to-day activities?
- felt regularly under stress or pressure?
- been irritable and bad-tempered?
- been feeling down in spirits or depressed?
- been feeling nervous or tense (tight in the muscles)?

- If yes, to what extent do you feel that this is so (on a scale of 1-5)?_____

- Do you lack self-confidence?

- Do you need help to break a bad habit, such as:
  - drinking alcohol?
  - smoking cigarettes?
  - smoking ganja?
  - using other drugs? (please specify)
  - gambling?
  - other? (please specify)

- Have you recently experienced, or are you now facing any of the following crises:
  - death of a close friend or relative?
  - separation or divorce?
  - a broken relationship?
  - loss of your job?
  - trouble with the law?
  - being the victim of crime?
  - retirement?
  - getting married?
  - unplanned pregnancy?
  - looking after an elderly relative?
  - serious or chronic physical illness?
  - serious or chronic psychological illness?

- Are you uncertain in any way of your main goals in life?
Do you feel greatly handicapped by a lack of educational opportunities?

Do you have a problem with:
- finding employment?
- finding housing?
- a severe financial crisis?

Are you having any problems adjusting to situations now that you did not have to face earlier in life? (For example, as a young adult you are looking for a mate, or as an individual of 55 years you are facing retirement.)

How much difficulty are you having trying to cope with these situations:
- great difficulty?
- moderate difficulty?
- small amount of difficulty?
- no difficulty at all?

Do you feel separated from God?

Are you experiencing:
- guilt about some act, attitude, or thought?
- doubts about God or some other aspect of Christianity?

Have you made a Christian commitment?

Are you experiencing:
- lack of hope in God’s help for the future?
- problems in living for Christ in your home?
- problems in living for Christ in your neighbourhood?
- problems in living for Christ in your job?
- problems in living for Christ in your circle of friends?
- lack of assurance of salvation?
- discouragement about living as a Christian?
- lack of regular Bible reading and prayers?
- lack of Christian growth?
- lack of regular church going?

Do you feel that God has given up on you?

Have you experienced any recent changes (for better or for worse) in your religious practices, experiences, or lifestyle? If so, please specify.

Have you ever consulted an occult healer?

Are you experiencing any specific evidence of spiritual evil affecting you? If so, please specify.

Is there some weakness that you are having difficulty giving up, e.g. promiscuous sexual activities, bad temper, resentment, envy. If so, please specify.

Do you feel that you are neglecting your spiritual life due to distractions such as work, materialism, relationship problems, or illness? If so, please specify.

Are there any other spiritual problems affecting you? If so, please specify.

Do you feel uncertain that you are following the will of God in:
- your career or vocations?
- your choice of partner?
- any other important areas? If so, please specify.

If you are not a Christian, are you thinking of making a commitment?

Strengths

In your opinion, what are some of the strong points or good things about yourself?
- personality strengths
- skills and talents
- intellectual ability
- spirituality
- physical attributes
- others

Medical Section

Do you feel you have a physical problem?

If so, would you like one of our doctors to manage this?

Are you due for a medical check-up?

Do you wish to have one?
mental, spiritual, social, and physiological — on
the body. With the aid of a Wholistic Assess-
ment Questionnaire (see pages 4 and 5), the
patient recounts his or her problems.

The nurse/interviewer then carries out basic
medical screening such as recording blood
pressure, temperature of the body, etc. Assis-
ted by a theological student and a lay volun-
teer, she reviews the information and, should
the patient wish, provides basic mental health
and pastoral counselling and prayer for healing.

Patients requiring further medical investigation
and treatment are seen by the centre's medical
doctors. Those with mental health needs are
referred directly to the psychological counsellors, among whom is a part-time psychiatrist.

All treatment includes pastoral/spiritual counsellng and prayer, with conventional medical
management as necessary. Arrangements exist with local hospitals for the provision of X-
ray and laboratory services and medical spe-
cialist consultations as needed. Patients requiring medication may have their prescriptions
filled at the centre's pharmacy.

Patients whose problems are fundamentally
unemployment or economic distress are re-
ferred to the social worker on the centre staff
who, in turn, provides an entry point into the
many local agencies available to deal with such
problems.

Wholistic Case Review

After a patient's second or third visit, all staff who
have been involved in treatment meet together
with the patient for a case review. A special
Wholistic Evaluation Instrument (see box on
pages 10 and 11) is used to integrate all factors
defined as contributing to the illness, to confirm
the central or precipitating problem, to assess
the understanding of the patient of the wholistic
approach, and to plan together steps to resolve
the problem.

The Patients

In 1988, the centre received some 5110 medical
patients, or an average of 24 per day. Another
442 were seen for counselling alone.

The majority of the centre's patients come from
the surrounding community. One third are re-
ferred by other patients, and one third are re-
ferred by a pastor or are interested in the
centre’s wholistic approach. The “reasonable fees” attract 20%. Local radio call-in counselling programmes occasionally mention the ministry in advising their callers. Only 10% of the centre’s patients are members of Bethel Church, and only 25% are Baptist.

**Health Promotion**

**Prevention**
The centre provides antenatal and post-natal services, including high-risk screening, monitoring, and health education. It also offers immunization against the common childhood diseases.

Screening is available at the centre for hypertension, diabetes, kidney problems, glaucoma, pregnancy, visual acuity, occult blood in the stool, and nutritional status.

Health education is provided by centre staff to patients, the church congregation, and the community through posters, leaflets, discussion groups, and audiovisual presentations. Family-planning services include discussion of ethical and spiritual perspectives on health.

**Rehabilitation**

Since social disorganization is a common cause of impaired function, the centre has developed a number of activities to promote social rehabilitation. These include:

- skill training classes such as carpentry and sewing,
- craft production for income supplementation,
- literacy classes,
- secondary school certification classes, and
- sign language classes for the deaf.

In addition, the mentally ill who are homeless are assisted in resocialization through occupational therapy and family counselling.

The social worker assists many persons in finding housing, employment, and legal aid, for example.

**Staff Nurture**

Both professional and volunteer staff of the Bethel Healing Centre are involved in on-going on-the-job training. They are encouraged to identify their own needs and take part in the healing community. The staff pray together at

the beginning of each day. They have had two retreats with the centre’s management committee and church volunteers for spiritual enrichment, sharing, team building, and recreation.

Regular meetings of the various professional staff are held for the purpose of case discussion, team building, and continuing education.

**The Church’s Involvement**

Bethel Baptist Church contributes directly to the Healing Centre by providing the church’s education building free of charge as a location for the centre’s activities. The church also provides the necessary utilities such as electricity and water.

Over 50 Bethel Baptist church members are volunteers at the centre, filling such positions as director, administrator, central management committee members, intercessory prayer group members, lay counsellors, part-time receptionists, registered nurse, staff trainer, chaplain, social worker, skills and crafts teachers, and general helpers.
OUTREACH

Soon after the establishment of the centre, the staff and management committee recognized that much of the illness they were seeing was the result of social disorganization in the surrounding community. The centre’s concern with treating root causes rather than just symptoms of disease led them to reach out to the community and to assist community members in addressing their problems. To begin, they chose one especially unfortunate neighbourhood, Ambrook Lane.

Ambrook Lane is a low-income, urban community of 500 to 600 residents in the heart of Kingston. The problems of Ambrook Lane are similar to those found in urban communities throughout the world:

- high unemployment (85%) and a general lack of employable skills,
- inadequate access to housing, clean water, sanitation, and nutrition,
- mistrust and disillusionment as a result of unfulfilled political promises,
- apathy regarding community organization, born of previously unsuccessful attempts,
- widespread striving to leave the ghetto both physically and psychologically.

The Bethel Baptist outreach began with a visit by the community organizer, community health nurse, and volunteers from the church to establish trust. They began working with individuals and groups of Ambrook Lane residents to promote self-reliance. By fostering healthy group dynamics they worked toward integration of the community, better community health, and socioeconomic development. Capacity-building of leadership within the community was a priority.

Community self-help undertaken so far in Ambrook Lane includes:

- formation of a health committee,
- recruitment from the community of three health workers, one of whom has received formal training, who assist the nurse and care for 14 elderly persons,
- establishment of classes in first aid and personal health maintenance,
• formation of local drama groups who focus on health and family life issues,
• initiation of garbage disposal and clean-up campaigns,
• working together to repair the community bath facilities,
• planting of backyard gardens,
• undertaking of a community survey of medical practices (which revealed widespread use of herbal medicines),
• construction of a building and provision of a teacher for the basic school,
• organization of a parent-teacher association
• organization of a sports club (which has won awards in netball, cricket, and football),
• organization and provision of teachers for Sunday Christian-education classes,
• organization of Christmas parties for Ambrook Lane children,
• organization of handwork groups to produce embroidered, stitched, and straw items, and
• obtaining government help to start small businesses.

Services now provided by the Ambrook Lane nurse include maternity monitoring, "well-child" clinics, family planning, family life education, health education, immunization, medical and dental screening, care of the elderly, and first aid. Community volunteers assist in all activities.

The community started the basic school to promote the whole-person growth and development of its children by teaching reading and writing. A scout group fosters socialization norms and provides values and leadership modelling for older boys.

For Ambrook Lane’s adults, skills training in activities such as sewing and crafts enable them to increase their income. From within the community a system has developed to refer those needing assistance in employment, seeking more advanced training, or those having other social needs to the appropriate resources.

Photo by Tony Akins
In addition to skills training, community members receive health education.
Decision-Making in Whole-Person Health Care
A Case Management and Review Guide

Summarized from the 23-page manual used for training staff at the Bethel Healing Centre. Copies are available from CMC.

Physical complaints are often markers, or decoys for various problems that exist in the dimensions of the person (body, mind, and spirit). If a person is to be helped to become well, any hidden problems must receive attention.

The manual summarized here was devised for members of the Bethel Healing Centre multi-disciplinary team, which includes the patient. It provides a framework for the description, discussion, and reflection that enables effective assessment and decision-making in whole-person health care.

The approach is based on certain assumptions:

- Health in its true sense is an integration of the aspects of the self (body, mind, spirit), the self and others, and the self and God.
- Health promotion involves clarifying and modifying self-responsibility for health behaviour.
- Healing and health promotion for the whole person involves both preventive and curative medicine, mental health counselling, and prayer and spiritual direction.
- Whole-person health is best achieved by full participation of the community, be it church or geographic.

Steps to Whole-Person Clinical Care

1. Using the assessment questionnaire (see pages 4 and 5), the team collects data for the purpose of identifying linkages and patterns of interaction between various aspects of the problem.
2. The team (composed of the patient, case manager, and other centre staff) develop a management plan (designed to tap the patient's strengths and self-help ability) and monitor progress.
3. All treatment is undertaken with an undergirding dependence on and worship of the Source of all wholeness.

The Decision-Making Format

A form assists the team in identifying and classifying the factors that can contribute to disharmony in the individual, and then in mapping out the interplay among these factors. It denotes how life stress factors (axis I) combine with vulnerability factors (axis II) to produce reactions (axis III), and aids the team in defining the principal cause of a crisis. The format also provides a framework for assessing the patient's 'self-influence' factors: self awareness (axis IV), help-seeking pattern (axis V), and attitude toward the wholistic approach (axis VI). (These factors are summarized in the chart on the page opposite.) Assessment is assisted by a pictorial summary, as illustrated below:

A 35-year-old male seeks treatment following a myocardial infarction (heart attack) after a recent work promotion and divorce. He is made vulnerable by an obsessional personality, a family history of heart disease, overwork, and neglect of his usual spiritual practices.

Assessment reveals a chain reaction (one of several possible patterns of interlinkage between problems) between his promotion, divorce, and heart attack.

He is lacking in self-awareness and is crisis-oriented in therapy attendance, with an ambivalent attitude towards therapy. He recognizes both his divorce and heart attack as problems (bi-dimensional), but does not recognize them as related (integrate) or show much openness to doing so. Neither does he see his spiritual life as related to his stresses.

<table>
<thead>
<tr>
<th>Axis I</th>
<th>Axis III</th>
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<tbody>
<tr>
<td>Midlife crisis</td>
<td>Myocardial infarction</td>
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<tr>
<td>Adjustment reaction (depression)</td>
<td>Religious doubt</td>
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Having diagrammed the interrelationship of the problems involved, the team decides on a plan of management, taking into consideration the role of the patient's strengths in the healing. Progress is then monitored by regular conferences with the team members.
## COMPONENTS OF THE "WHOLE-PERSON FORMULATION SHEET"

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<th>CATEGORY</th>
<th>EXAMPLE</th>
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<td></td>
<td>other congenital</td>
<td>fetal alcohol syndrome</td>
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<td>acquired</td>
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<td>handicap</td>
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<td>lifestyle</td>
<td>lack of hobbies</td>
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<td>existential</td>
<td>no purpose in life</td>
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<td>spiritual</td>
<td>legalist religion (guilt)</td>
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<td>Spiritual</td>
<td>reconciliation to God</td>
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<td>hope</td>
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<td>Main areas of disturbance</td>
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<td>Subjective/objective dissonance</td>
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<td>V. HELP-SEEKING PATTERN</td>
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<td>VI. WHOLISTIC UNDERSTANDING</td>
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A weekly session conducted by the community nurse, community organizer, and Bethel volunteers offers counselling and prayer to those touched by drug and child abuse and other destructive behaviour.

An informal survey shows that 85% of the community members have used the screening services, and 20% of working-age adults have taken advantage of skills training activities or referrals. Ninety per cent of teenagers and young adults in the community are using the family planning services, which has resulted in a decrease in adolescent pregnancies. And with the effort of the entire community, the child immunization rate in Ambrook Lane has risen to 100%.

The community is consistently encouraged to identify its problems and develop practical, innovative solutions. The frustration, disillusionment, and low self-esteem that previously prevailed in Ambrook Lane have been somewhat dimished, and there are signs of renewed hope and a belief in human potential, God's grace, and the sharing of love and commitment.

**Rural Communities**

A team from the Bethel Healing Centre also makes annual visits to four rural Baptist churches, where community screening, health education, counselling, and prayer are provided. Local church leaders are encouraged to begin their own healing ministries. With the Bethel Baptist team's example and encouragement, over 20 other Baptist churches in Jamaica have developed their own healing ministries. In fact, every Christian denomination in Jamaica now has churches with health-related ministries, and they have come together to form a health ministries coordinating agency.

**PROBLEMS**

**Finance**

It may come as no surprise to those familiar with health programmes that the Bethel Baptist Healing Ministry's greatest problem is financing. Health Centre patients pay a fee for services.

Years before, Mary S— had heard about the Bethel Healing Centre on her regular visits to church services at Bethel. It was when her own doctors failed to help her that she decided to go there for help.

*I started experiencing chest pains, nervousness, and weakness, and I lost a lot of weight—so much that my husband became alarmed. He sent me to have a thorough check-up. I had blood tests and a chest X-ray, but nothing was found and the symptoms continued. Finally, I decided to try the Bethel Clinic. I thought that since the doctors there are Christians, they might be better able to help.*

Mrs S— describes her visit to the clinic: *I first went to the nurse, who asked me some questions. I remember she prayed with me and gave me some advice. Then I went in to see the doctor. It was a female doctor, and she was just as friendly. She encouraged me to talk and listened patiently. I shared with her about a very distressing problem I was having at home. A relative had come to live with us, but was very uncooperative and was making my life miserable.*

*I made two other visits to the clinic. The doctor helped me to see that my problem was caused by emotional stress—the tension in my home environment—and was not only a physical one.*

*I found the clinic a place where people really cared. I felt free to share my problems, which I had not been able to do before. I used to keep everything inside of me because I have no close friends and my husband is very busy so there is no one to talk to. At the clinic I found friends who listened and prayed. My situation is now changed. I am well again. I have regained the weight I lost, and the pains and nervousness have gone. I am so thankful.*

Mrs S— is now a volunteer worker at the clinic, passing on to others the help she received.
that is calculated according to income, but since these patients are generally poor, the centre's income is far from enough to cover its costs. Indeed, this income covers only 22% of the ministry's expenses. The contribution of the Bethel Baptist church, including volunteer workers and facilities, is 36%. The shortfall totals 42%, which, happily, has so far been covered by funding agencies from outside the country.

The community is concerned about such prolonged dependency on outside financial sources. The church council is currently exploring alternative sources of support such as increased giving by local church members (as part of their commitment to mission), and income-generating activities such as crafts and furniture production. The church is already generating income by providing low-cost daily lunches at the church and operating a small thrift shop which sells used clothing donations.

**Slow Progress**

In spite of all its recent gains, Ambrook Lane citizens are yet under the yoke of social oppression. The majority still lack jobs, adequate housing, and proper education. Drug addiction and violence remain intractable problems. Party politics still divides. Brought together by migration and united chiefly by poverty, the squatters of Ambrook Lane have yet a long way to go to become a community of respected, liberated citizens. This goal, however, remains, and the work of the ministry continues.

**CONCLUSION**

The Bethel Baptist Healing Ministry is an unusual model of health delivery that seeks to reverse the influences of mind/body dualism and materialism, which have so obviously limited the effectiveness of Western scientific medicine.

The fact that through the Bethel model the church, the ministry staff, and the community have succeeded in ministering to several thousand persons in need is encouraging. That they have been helped to deal with the problems that have caused their need, rather than simply being given a shot or a pill is even more encouraging.

Important, too, the Bethel community has learned through sharing sessions and personal struggles that, even those in the ministry of healing are in need of healing. They are dependent on the empowerment and daily guidance of He who, with His love, makes us whole and binds us together.
Most churches are dark and empty on weekdays. Not so Bethel Baptist Church in Kingston, Jamica. During my visit there the buildings were fiilled with busy people.

In one room a group of women were learning to use sewing machines by stitching garments from brightly coloured cloth. Their hope was to be able to supplement their families’ meager incomes by sewing for their friends and neighbours.

In an adjoining room young men were sawing and planing rough lumber to make boxes and chairs. Patiently, an instructor pointed out where more wood needed to be removed or where a piece needed to be straightened. The students were proud of their work and worked with the hope that they would find jobs using their new skills.

Just across the hall the door was closed, but my guide opened the door and we slipped in quietly to find a group of people praying. One by one, they named friends or relatives who were in distress and asked God’s help. Some gave praise for earlier prayers answered.

Down the hall we looked in on a room where adults were learning to read. Since they were at different levels of achievement, the teacher and aides were working with each individually.

Next door, young people who had dropped out of school were being tutored in various academic subjects to obtain their GCE (General Education Certificate). Their serious efforts showed that the teacher knew how to motivate them.

My guide and I descended to the first-floor dining room just in time for lunch. The smell of simmering vegetable soup and rice came from the kitchen where several volunteer church members had prepared the meal. They set the tables, and in a short time about 20 persons had purchased their tickets for the simple, nutritious fare. For those of severely limited means, it may have been their only real meal of the day.

We finished our lunch just before the daily case conference. That day the doctor, nurse, and psychologist were meeting together with a young woman who had come for help. Over the noise of city traffic from outside, the four discussed the various elements underlying her illness and outlined a plan to deal with them. The session ended with a prayer.

Across the hall we interrupted another doctor interviewing a teen-age boy. We spoke together just long enough for her to say how much more professionally fulfilling the whole-person approach was for her than the strictly medical one she had been taught in school.

From an adjoining room came the sudden angry cry of a child who had just received an immunization shot. When we had a look through the door, the nurse was already recording the event in the child’s growth monitoring chart.

On the way out we passed the office of the social worker who was phoning a nearby store to see if they could use the skills of the unemployed middle-aged man who sat across the desk from her. Outside the office, waiting her turn, was a grey-haired woman. In her hand was an electric bill that she could not pay.

As we came to the parking lot, melodious sounds of the choir practicing in the church sanctuary blended with the whir of a mimeograph machine producing education pamphlets in the ground-floor church office.

Driving out of the parking lot, we interrupted a football game, organized there by a group of boys from the neighbourhood.

The sign at the entrance to the property said:

Bethel Baptist Church
WHOLE-PERSON HEALTH CENTRE
"Healing the Whole Person"

Healing for some may require low-cost meals, or skills training or a shot or a prayer, but all need real caring, and they can find it here. It was obvious to me that many who come to this centre begin, for the first time, to believe in a brighter future, to find hope.

D.H.
USEFUL PUBLICATIONS

How To Start a Healing Ministry. A four-page pamphlet sharing the Bethel Baptist Church’s experience in wholistic health care. Outlines the steps to take from the moment of the first vision to the day it is launched. Available from CMC at SFr 1 (US$ .70).

How Your Church Can Have A Healing Ministry. A five-page, mimeographed discussion of ideas, prepared by the Jamica Baptist Union Counselling and Healing Ministry Committee. Available from CMC at SFr 1 (US$ .70).


Leprosy in Childhood by Dr Colin McDougall and Dr Felicity Savage

A set of 24 colour transparencies and accompanying written text, intended as a general introduction to leprosy, with special reference to the disease as it occurs in children. Recently revised and updated. Covers definition of the disease, prevalence, clinical types of leprosy, transmission, natural history of the disease, nerve damage, classification, foot ulcers, differential diagnosis, reactions, prevention, and multiple drug therapy (as recommended by the World Health Organization in 1982). Suitable for all health workers who are called upon to care for patients with leprosy, including non-specialized doctors, medical students, nurses, physiotherapists, clinical officers, auxiliary health workers, and health educationists.

Transparencies for self-mounting, with text, available at £3.50 (£2.75 to developing countries) and mounted slides in plastic folder, with text, available at £4.90 (£4.40 to developing countries) at the following address:

Teaching Aids at Low Cost (TALC)
P.O. Box 49
St. Albans, Herts AL1 4AX
England

Learning about AIDS — a manual for pastors and teachers

Produced in response to the recommendation of the World Council of Churches (WCC) consultation on AIDS and Pastoral Care (Moshi, Tanzania, December 1988) to develop "how-to" guidelines for pastors, youth leaders and teachers in dealing with the problem of HIV infection and AIDS.

At present, available in English only. May be obtained from the WCC Office of Education or from CMC at a cost of US$ 2.

ON THE AGENDA

A workshop on Christian perspectives on health will be offered May 21-31 at the Ecumenical Institute, Château de Bossey (near Geneva), Switzerland. The workshop will be sponsored by the Institute and the Christian Medical Commission.

The course, originally planned to focus on a personal understanding of suffering as a result of disability, has been expanded to include other aspects of health such as the healing community and the role of the church in promoting health.

Experiential learning will take precedence over didactic teaching in the workshop. Small group discussions and group activities will maximize the opportunity for all participants, including invited resource persons, to share their experience and to practice the skills of community building.

Enrollment in the course is not limited to those of medical background or experience, but is open to all interested. Participants will be chosen, keeping in mind a balance in representation by region, gender, and confession.

Total cost, including board, lodging, and registration fee, is SFr 680 (US$ 450). Several scholarships are available for individuals from the developing world.

For more information or application forms write directly to:

Ms Sheila Rey
Ecumenical Institute
Château de Bossey
CH-1298 Céligny
Switzerland.

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- actions improving food production and distribution
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