KANAK

—the people of New Caledonia struggle to hold on to their culture ...and to their healing tradition.
INTRODUCTION

Since 1979, the World Council of Churches has backed the *Église Evangélique* of New Caledonia in its stand to support the indigenous people of that nation—the Kanaks—in their struggle for independence from French colonial rule.

My visit to New Caledonia in March of this year was a concrete way to accompany them on the road towards independence, and more specifically to examine the effect of colonization on their health.

What I saw in New Caledonia reminded me of much that I had known under colonization in the Philippines. The educational system in New Caledonia, for example, follows a western model. Parents prefer to send their children to France for higher education because it is the only guarantee of their obtaining a good job after graduation.

Such practices evoked in me memories of the "benevolent assimilation" practiced by the United States of America in the Philippines, where public school education was made available to the majority, but with English as the language of instruction. Our orientation was to the American way of life, and it always added to one's prestige as a medical doctor to say, "I was trained in the USA." I remember our well-dressed faculty members saying, "When I was in New York...." Somehow it gave us students the feeling "Someday we will be there, too."

But such thinking took us further from our people, and similarly it has taken the Kanaks further from their people, their culture, and their system of traditional healing. It has resulted in the anguish of the members of the Gossanah tribe, for example, who told me that their children return from French schools unable to function within the tribe—unable even to open a coconut.

Such thinking—that "west is best"—meant that Filipino medical students of my generation viewed traditional healers as quacks. In New Caledonia, it meant the Church's earlier condemnation of Kanak traditional healers as sorcerers.

It is difficult for a country and a people to reclaim the respect for their culture that has been lost in the process of colonization, and independence itself is no guarantee of a return to traditional values.

Yet there are signs that the Kanak people are succeeding in reclaiming some of what they have lost over the past 150 years. The revival of interest in their traditional healing system—accompanied by a questioning of the allopathic health care system imported to the islands from the west—is one such sign.

CMC supports the Kanaks in the self-examina- tion of their health care system that is part of their struggle for independence, and ultimately the search for the healing of the wounds inflicted by colonization.

Erlinda Senturias
Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community.

Report of the International Conference on Primary Health Care
Alma-Ata, USSR, 6-12 September 1978

The Kanak women of Thio, a mining community on the southeastern coast of the Grande Terre, the largest island of the archipelago that makes up New Caledonia, spoke to me recently of primary health care as they have known it:

We cannot even start to talk about health because we never had it in the first place. Information on health gets to our village every one to two years. All we do is take care of the sick. The vigiles de santé [community health workers] do not have enough medicine to meet our needs. Medicines in the pharmacies of Thio are even more expensive than in the capital, Noumea. It will be good when we can take back responsibility for our own health.

The year 1978 saw a shift in international attitudes towards health care with the Conference on Primary Health Care (PHC) at Alma-Ata. Since then, the principles of PHC have been adopted around the world. Despite sound fundamentals, however, the PHC approach applied with lack of consideration for local conditions has often resulted in the failure of a programme. A case in point is the experience of New Caledonia.

In 1979, the French government initiated a programme to train community primary health care workers. These workers are defined as individuals having the confidence of their tribe who have received adequate training to perform educational, preventive, and in some cases curative activities related to health. The vigiles de santé, or look-outs for health, as the health workers are called, are also intended to be those persons “who can best interpret the beliefs, hygienic practices, and behaviour of the Kanak community in view of available therapeutic alternatives.” Specifically, they have the following tasks:

to provide first aid in emergencies;
to participate in vaccination programmes;
to promote food and environmental hygiene;
to detect clinical signs of leprosy, tuberculosis, and sexually transmitted diseases among the population;
to orient the sick on the use of dispensaries;
to transmit information from the dispensary to the tribe and vice versa;
to animate community projects to improve the health of the tribe.

A vigile de santé is selected by government officials following a programme of general sensitization of the population. Those selected then receive one week of training in the theory and practice of health and hygiene.

On paper at least, the vigiles appear part of the solution to the health problems of the Kanak people. An evaluation carried out by the government in 1988, however, revealed a high drop-out rate amongst the vigiles de santé. Of the 1035 vigiles trained since 1979, only 149 remained active.

By way of explanation of these statistics, the president of the association of vigiles de santé spoke to me of the discouragement they felt in their work. "We find continuing resistance among the Kanaks to the basic principles of hygiene, which then results in indifference to some of our projects, for example the building of latrines."

The trade union officer of a hospital organization, however, attributed the drop-out rate to the poor selection of vigiles de santé. The individuals chosen for training are not those to whom members of the tribe turn for consultation and advice, he explained. "The majority of the vigiles de santé have little confidence in their skills, after only one week of training, and our tribal people have little confidence that the vigiles can help them with their problems. They need a support structure of some kind."

The president of the newly formed Association pour Développement d'une Santé pour le Peuple en Kanaky (ADSPK) (Association for the Health Development of the Kanak People), an organization to better the health of the Kanak people, added that another problem is the type of training given to the vigiles. Lifted from the context of the western health care model, the training omits the Kanak cultural orientation to health. After training, the vigiles are left to practice an approach that has no local roots or relevance.

The Kanak people

The word Kanak translates from the indigenous tongue as the people and is the name by which
the aboriginal people of New Caledonia identify themselves. They call their country Kanaky. Related to the Melanesian ethnic group of the South Pacific that includes the indigenous peoples of the Solomon Islands, Vanuatu, and Papua New Guinea, the Kanaks of New Caledonia inhabited their islands some 4000 years before their contact with the West.

Captain James Cook first sighted the group of Melanesian islands populated by the Kanak people on 4 September 1774. He named the landfall New Caledonia. Seventy years later, in 1844, the Kanak chief of the North of the Grand Terre Island acknowledged the sovereignty of Louis Philippe I, King of France, and New Caledonia officially came under the rule of a country located some 20,000 kilometers from its shores.

Also in 1844, with more immediate significance for the Kanak people and their well-being, the first shipment of gin and tobacco was unloaded in Ile des Pins. In addition, European settlers imported their diseases: influenza, mumps, smallpox, syphilis, tuberculosis, and leprosy, among others. In 1899, the European and Kanak populations alike were ravaged by an epidemic of bubonic plague. Famine, conflict between Kanaks and the European settlers, religious wars between Protestants and Catholics, and deportation and conscription into the French military service also decimated the Kanak population.

In 1850, the Kanaks numbered around 70,000. By 1921, they had been reduced to some 27,000. The European population, on the other hand, continued to grow, and by 1877 the islands had become home to some 16,600 expatriates (1,600 military personnel and their families, 11,000 convicts, and 4,000 civilian and government workers).

The creation of medical institutions kept pace with the increase in the European population. In 1868 a maritime hospital was established on the Ile de Nou. In 1892, a leprosarium was built on the island of Belep, and in 1903 another hospital in Noumea. In 1911, the government created the agency of colonial medical service and indigenous aid, which employed eleven expatriate doctors. In 1913, the Institut Gaston Bouret, for the study of microbiology, was established in

Towards Kanaky independence
The basic desire of the Kanak people for independence stems from the injustices they have suffered since colonization.

Negotiations in June 1988 between delegates of the Front de Libération Nationale Kanak et Socialiste, the Rassemblement pour La Calédonie dans la République, and the French government resulted in the Maignon Agreement, which provides for a referendum on self-determination of the Territory in 1998 and its administration during the 10-year interim period by both French and provincial/territorial governments. The Agreement also provides for development programmes in such fields as education and health for the Kanak people, but it has yet to be proved that these measures will lead to true independence.

Noumea, and in 1916 a French medical doctor was assigned to teach hygiene at a Kanak school in Montravel, Noumea. Over time, medical dispensaries staffed by military doctors were constructed on the different islands. The overall emphasis was on curative care.

In 1969, a nursing school was established on the Ile de Nou. The school graduates an average of two to three Kanak nurses per year. Further medical education is available only in France. So far, there is only one Kanak physician. He received his early education in a Catholic school in Noumea and his medical education in France, and is now practicing in Lille, France.

In 1960, the Service d'éducation de base was created for the purpose of instructing and guiding the population in better hygiene practices. It was the decision of the Service to train travailleurs sanitaires, or hygiene workers, that led to the creation of the vigiles de santé in 1979.

The Kanak healing tradition
A visible side-effect of the colonization of New Caledonia has been the decimation of the Kanak population. Less visible, but no less destructive, has been the systematic devaluation of the Kanak culture, and the Kanak healing tradition along with it.
With the introduction of Christianity to the islands, the Kanak system of traditional healing, based on mythical beliefs such as the totem, was condemned as superstition and its practitioners labelled as sorcerers. Until as late as 1950, the Church prohibited the use of traditional medicine.

With their tradition robbed of respectability, the Kanaks naturally saw western (allopathic) medicine as superior to the health care system that had served them for centuries. Traditional practices continued, however, largely because they offered the only form of the treatment accessible and affordable to the people.

The Kanak traditional system of healing is linked to their mythical and sacred beliefs. Each tribal clan has a totem. The lizard totem, for example, corresponds to water and water-related illnesses such as edema and hemoptysis. The thunderstorm totem corresponds to fire and fire-related illnesses such as high blood pressure. According to the system, diseases are caused by the displeasure of ancestors or bad spirits. Reconciliation with the wronged ancestors, exorcism of the bad spirits, and restoration of relationships within families, within the clan or tribe, or between tribes are considered fundamental to healing.

Reconciliation is now widely acknowledged in scientific medical literature as vital to any healing process. In the Kanak tradition, illness has long been attributed to a broken relationship either with the spirit (totem), with one’s ancestors, or with a member or members of the tribe. Restoration of the relationship is a prerequisite to healing. Aids used in healing—medicinal herbs, the application of saliva, words uttered by the healer, the touch of the healer, bone-setting—simply facilitate a fundamental reconciliation.

The secret of healing in the Kanak tradition—the understanding of the relation of the broken relationship to the problem at hand—is known only to the healer initiated in its arts. In each clan, the initiation process of the chosen healer begins

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The Great Hut—the seat of the local Kanak tribal chief—is a symbol of a tribe’s unity and social organization. The construction of the hut is undertaken only after considerable discussion amongst tribesmembers, and its completion as a collective undertaking may take months or even years. The hut is also used to house visitors—the fire burning in the central chamber symbolizing the warmth of the welcome extended by the tribe. Protective totems adorn the peak of the roof and keep watch over the Inhabitants. (From the booklet Kanak, un peuple, une culture, une lutte, which offers information on the history of the Kanak people and their liberation struggle. Available in French from FLNKS, B.P. 1671, Noumea, New Caledonia.)
Amongst the inhabitants of their own country, these Kanak boys are in the minority. The most recent demographic profile (1988) reveals a population composed of 44.6% Kanaks, 33.6% Europeans, 8.6% Wallisians, 3.2% Indonesians, 2.9% Tahitians, 1% Vietnamese, 1% Ni-Vanuatu, and 8% individuals of other origins.

while he or she is still in the womb. Initiation continues through childhood until the healer is able to practice alone. The healing tradition is thus passed from generation to generation and remains a closely guarded secret.

Unlike in western medical systems, which operate on a fee-for-service basis, the Kanak traditional healer takes no payment for services rendered. Such a situation is made possible by another Kanak tradition, that of sharing. Members of one tribe, for example, make an offering upon entering another community for a traditional gathering or when visiting a home for social occasions such as birth, marriage, or mourning. The offering is a gesture of respect and thanks for being received. It is also considered a first step in the reconciliation process that brings healing.

The Impact of Western Medicine

Predictably, the further a Kanak tribe is located from allopathic medical specialists and hospitals, the more the people have maintained their ties to the traditional system of healing. Problems arise, however, in areas where there are few traditional healers.

On the island of Lifou, the local people consult their traditional healers first, before they go to the district dispensary. On the island of Ouvea, the traditional system of healing of the Gossanah tribe is still in place. “Our healers are always available when we need them. Western-trained medical doctors do not really come to our islands to serve us. Many of them would rather swim than care for us,” they told me.

In Lafoa, a municipality within reach of Noumea, the situation is more complex. A local nurse of Kanak descent explained:

The colonialist medical system has destroyed our traditional healing system. There are very few people who are initiated in traditional healing. We are made to believe that western medicine is best. But we have not forgotten our traditional healers.

We have a mixed system where we consult both the western-trained medical doctors and the traditional healers. There are certain diseases that only traditional healers can cure, like nerve-related disorders such as convulsion, epilepsy, and Parkinson’s disease. But there are also internal diseases that only the surgeons can cure.

Unfortunately, we have few traditional healers, and treatment by medical specialists is expensive for most Kanaks.

She continued, “Because we have relied on the colonial medical system, we have not devel-
The Kouchner Report

In 1988, the French government, authorized Dr Bernard Kouchner, Secretary of State for Humanitarian Action, to organize an evaluation of the health system and the state of health of the people of New Caledonia.

Composed of public health and medical specialists, a midwife, doctors in dentistry, a director of a hospital, and a medical coordinator, all of the team members came from France, ostensibly to ensure objectivity in the evaluation. All but one had previous overseas work experience.

The evaluation revealed disparities in access to the health system for a variety of reasons: the centralization of facilities and personnel in Noumea, the corresponding difficulty in reaching the population in the interior of the Grande Terre and on outlying islands, insufficient preparation of health personnel, and inadequate preventive measures.

The most important health problems identified by medical doctors among the general population were:

- arterial hypertension
- obesity
- alcoholism
- sexually transmitted diseases
- diabetes
- dermatological pathologies
- tuberculosis (224 cases)
- hepatitis
- leprosy (455 cases).

Important health problems identified among children were:

- gastroenteritis
- malnutrition
- otorhinolaryngitis
- bronchopneumopathies
- rheumatic fever
- intestinal parasitism.

According to the findings of C. Grangeon, included in the report, Melanesian women have a high rate of cancer. Among 405 women surveyed in Lifou, 0.71% were found to have precancerous lesions or cancer of the cervix. (75% of the women interviewed in Noumea had never undergone a cervicovaginal smear test for cancer.) Other important health problems among Kanak women were identified as:

- chronic obstructive bronchopneumopathies
- gastroduodenal ulcer.

Evaluation team members felt that the traditional health system could not be sufficiently evaluated because of the secrecy surrounding its practice.

The Kouchner Report was officially released in 1988, but many of the Kanaks I talked to had not seen it. The president of the association of vigiles de santé, which had participated in a survey for the report, wanted a copy.

A faculty member of a nursing school in Noumea felt that the framework used in the evaluation was too western. The politicians of the Front de Libération Nationale Kanak et Socialiste (FLNKS) (National Kanak and Socialist Liberation Front) said they were not consulted when the evaluation was done. There was no people's participation.

The Kouchner report, however, supports what the people have been saying about their health. It is poor and the situation in need of redress from any point of view.
oped our traditional healers. Initiation into the healing practice has been decreasing, so we cannot really rely on our traditional practices. On the other hand, we only have our dispensaries here, and not all our illnesses can be handled by our nurse and medical doctor. Our dispensaries are ill-equipped. Most of the hospital facilities and specialists are in Noumea. When the roads are cut because of constant rains, specialist medical care becomes inaccessible."

A pastor of the Eglise Evangélique, Lifou, explained how the members of her tribe make use of the two systems:

"If we don’t get well with our traditional healer, we go to the medical doctor. We ask to be transferred to Noumea hospital. If we don’t get well with medical doctors, we go to our traditional healers. It is always better to consult both types of healer. The traditional healer reconciles us with our wronged ancestors or spirits, while the doctor cures us of our disease through medicine or surgery."

Western versus traditional?

Originally imported for the benefit of New Caledonia’s European population, western medicine on the islands has been available only incidentally to the Kanak people. Yet, as they themselves maintain, the Kanaks do not reject western ideas nor allopathic medicine. And they agree that the clock cannot be turned back 150 years to before colonization, when the traditional healing system was the only option. "Of course it is already impossible to go back to the past, and we would not want to. But we should develop a medical system that really cares for people and reflects the conditions affecting our people," said an ADSPK member.

The question remains, How can the two approaches interrelate and result in health care available to the Kanak people?

The two systems—western and traditional—exist parallel to each other, with no possibility of integration, says the Kouchner report (see box). Indeed, one might agree that it would be highly unlikely that a traditional Kanak healer, for example, would choose to study the art of allopathic medicine, and it would be impossible for a medical doctor uninitiated in traditional healing to undertake such a practice.

In fact, the need may actually be for the two systems to take each other into account. The question of how to combine the two then becomes less important than the free flow of information (and patients) between them.

Traditional structures exist in the Kanak community that can promote the dialogue linking western medical and Kanak health concerns. The entry point into a Kanak community is invariably the elders and the tribal chief, and the traditional healers themselves.

The most significant block to dialogue between the systems has been the top-down approach and the attitude of infallibility, and even racial superiority, assumed by western specialists working with the Kanak people. In recent years, reports the health commission of the Union Syndicale des Travailleurs Kanaks et des Exploités (USTKE) (Kanak and Exploited Workers Trade Union), Kanaks have been insulted by medical doctors. "We staged a strike once because of this," explained Eloie André of the USTKE, "and we won."
The classic latrine question, a case in point

In many parts of the world, the existence of sanitary facilities such as latrines or toilets is seen as an indication of the health standard of a given community. Consequently, many development projects place great emphasis on the construction of latrines. In New Caledonia, Monsignor Calvet, Archbishop of the Roman Catholic Church, cited the success of a project in Canala to promote latrines. As a result, there were fewer cases of intestinal parasitism and gastro-enteritis among the population. A recently created organization, Service Oecuménique d’Entraide (Interchurch Aid Agency) is also involved in financing the construction of sanitary facilities. New Caledonian politicians give priority in their action plans to the construction of latrines.

But do the Kanak people themselves perceive the absence of latrines as a cause of their ill health? In their eyes, does the construction of latrines really mean that they will be better off? The Kanak traditional view of healing emphasizes broken relationships as the cause of ill health, not the absence of sanitary facilities.

The idea of latrines per se is not opposed by the Kanaks. In fact, some Kanak homes have toilets, although without enough water to maintain them. For centuries, the Kanak people have used the fields as their latrine, and they do not link this practice with, for example, the frequency of gastro-enteritis among their people. To the western-trained health practitioner, a clean toilet is one of the visible signs of healthy, hygienic living. To the Kanak, the presence or absence of toilets or latrines is not an issue at all.

It is on this point, among others, that western medicine could inform Kanak tradition. But this should be done in consultation with the Kanak people, and not as the imposition of a “superior” system.

In turn, the western health care system could be informed and benefitted by Kanak tradition, for example in regard to the importance of harmonious relationships in healing, the emphasis on community, and the basic necessity of sharing.

Health perspectives in the struggle for independence

“In our struggle for independence, we also struggle to regain what is lost of our traditional healing system,” said a member of the ADSPK. “Actually, it was the colonialists who created the disease problem among the Kanak people—as the result of their marginalization and disempowerment; their impoverishment; the prostitution of their women; the introduction of alcohol and tobacco; the lack of emphasis on prevention...

Photo: WCC by John Taylor

Nickel mining provides a livelihood for many of the Kanak people of Thio. Dependent upon that which is ruining their health and their environment, the people know that one day the nickel will be gone and their workers forced to look elsewhere for jobs.
Health Development for the People in Kanaky

The following is adapted from a statement by the Association pour Développement d'une Santé pour le Peuple en Kanaky (Association for the Health Development of the Kanak People).

If we are to run our health system, this is how we would do it as Kanaks. First, certain facts should be taken into consideration when planning for the programme. Our health in Kanaky is poor. This is no secret. All known statistics show that the Melanesians suffer more than any other ethnic group from most of the diseases endemic to this region. Since the beginning of colonization, there has been no policy to prevent disease, educate the people, and promote public health. At the same time, the natural balance within the Kanak society has been upset by the introduction of new diseases and the denigration of traditional medicine. Inequalities in health care persist between greater Noumea and the rest of the territory, with consequences in the areas of screening for disease, access to care, emergency intervention, and health career training, for example.

Given the numerous needs and possible limitations for future funding, clear priorities must be formulated now, with the aim to create a viable health system for independence.

The health care system

The health budget would be sufficient to enable medical districts to function better according to their objectives. A medical district—furnished with sufficient medical, paramedical, and technical staff—would provide preventive care, including popular health education and screening. The nursing staff would have the right training to enable them to play a pivotal role in this work.

The current trend is to pretend that vigiles de santé alone are sufficient to play this preventive, educational role. This is not the case. The person providing preventive care must be properly trained. The vigiles de santé must have a clearly defined role. Their place is among the people. They would no longer be seen as stop-gaps, exploited by the health administration to offset the lack of qualified staff.

There would be one midwife per medical district to handle home deliveries and medical surveillance of women, such as screening for cancer of the cervix (the most frequent cancer among Kanak women) and sexually transmitted diseases, including AIDS.

Doctors, nurses, and midwives would travel to the tribes. Each tribe would develop a health infrastructure, to be managed by the population itself, possibly with the help of the municipality. The infrastructure would include a cooperative for the sale of drugs, a consulting room, an infirmary, and a meeting and training hall.

A team of tribespeople would draft an appropriate local staff training policy, taking into account the socio-cultural realities of the Kanak people. This team would also monitor the implementation of the policy. The policy would enable each Kanak to take responsibility for his or her own health. Kanaks can and do look after their health and the health of their families, using their own medicine. Our official health system would respect this medicine, learn to work with it, and reinforce it with the other forms of traditional medicine that exist in the countries around Kanaky.

A training programme would be set up without delay to enable the Kanaks to run their own programmes.

The fulfillment of this vision of health care by and for Kanaks depends on the outcome of the liberation struggle. The success of our health care system requires the goodwill and hard work of all those in favour of independence.
in the medical system; the introduction of fatal diseases; the most recent of which is AIDS; the introduction of pollution especially from nickel mining; and the fee for service system which makes colonialist medical care inaccessible to the poor.”

The situation of the women of Thio, who had spoken to me earlier of the inaccessibility of the health care system illustrates this statement. Thio is a mining community. Many of the residents depend upon the nickel industry for their living. Company-built houses are available for mine employees, not a negligible benefit in town with a high cost of living. The minimum monthly wage [in Thio] is CFP francs 100,000, of which CFP40,000 goes towards rent and utilities such as water and electricity. Food prices are high, since most grocery items are imported from France. The cost of an informal traditional dress for a Kanak woman is CFP2,500.

Nickel mining may provide a livelihood for the people, but it is also a cause of pollution and deforestation that has resulted in soil erosion and flooding.

During the nickel boom in the 1960s, the increase of European settlers and the arrival of immigrants from the neighboring Pacific and Asian countries (Wallis, Futura, Vanuatu, Tahiti, Indonesia, and Vietnam, among others) mini
tized the Kanaks.

"In any case," the women of Thio commented, "the real beneficiaries of the wealth of our land are the colonialists." As we spoke, they pointed to a ship that had left the harbour of Noumea,

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Ecole Populaire Kanak (Kanak People’s School)

"When our children go to a French school and then return to the village, they can no longer function in our community. They can’t even open a coconut, and that is our main crop," the tribespeople of Gossanah told me. "So in our school, we teach the children how to open coconuts, how to process the coconut to make copra, how to construct houses, how to build water cisterns to collect rainwater, how to farm, how to operate a cooperative store, and many other things that will make them useful members of our tribe.

The Ecole Populaire Kanak (EPK) is a school based on struggle—the struggle of the Kanak people to retain their identity. Initially conceived as a form of protest against the French colonial system, in November 1985 the EPK was officially recognized by Front Libération Nationale Kanak et Socialiste (FLNKS) (The National Kanak and Socialist Liberation Front) as indispensable to the Kanak liberation struggle.

To date there are five EPKs—in Ouvea, Yate, Poebou, Ponerihoen, and Canala. The EPKs are supported by the tribes and the local “struggle committee.” In Ouvea, Gossanah tribesman Nini Wea explained why he supports the EPK. "Even before we become independent, we Kanaks should be capable of creating an alternative social structure.

"We teach our children the things they need to know to live in our tribe. They also participate in the struggle for independence because they understand what we are struggling for. The oldest students of our EPK are now writing a Kanak dictionary to help us preserve our language. We also teach our children how to take care of their environment, for example how to use our plants and how to work the soil.

"Our schools teach the children about tribal structures. They learn the value of relationships, for example together we trace how the members of our tribe relate to one another. We don’t want to lose our tradition of relating to each other as a community, and so we want to explain them to our young people, who are gradually forgetting our traditional values.

"Our EPKs make use of the expertise of our healers. We often send our pupils to them to talk. The traditional healers are important resources who help us understand our beliefs."
carrying tons of nickel. "This is the reason for our struggle for independence," they said. "Under colonial law, we can own only the top soil of their land [to a depth of around 46 cm]."

The politics of a nation can make or unmake the health of a people. Politics is part of the health equation and cannot be taken for granted. The history of the colonial system of government in New Caledonia bears witness to the decimation of the Kanak population and to their suffering as a result of the breakdown of their culture.

Independence will mean freedom for them to plan their lives and their health. It will mean freedom from the direct foreign intervention that has caused division and animosity among this people to whom harmonious relationships are key. While independence will not bring an instant restoration of harmony, it will be the first step in the healing of old wounds. The question of health as a factor in the independence of the Kanaks is newly raised. Their immediate concern is, understandably, to ensure that their people are healthy for the next round of the liberation struggle.

In the long run, however, the answer to the question of health care for the Kanak people remains to be found. They are seeking to establish a primary health care system that promotes empowerment, that allows for dialogue between the western and traditional systems, that does not rely solely on dispensaries, health workers, or even traditional healers, but rather on a combination of the available resources and expertise. In short, a PHC system that lives up to the definition it was given at Alma-Ata.

Macky Wea is an EPK animator. He also works for a local airline. He explained that the school takes its academic orientation from generative themes, or themes that emerge during discussions at community meetings. "Generative themes are the topics that our tribal people think are important to discuss and then do something about. This year, for example, our topic is The Human Being in laal [the local name for Ouvea]. We have several animators to facilitate the development of the knowledge, skills, and attitudes necessary to explore the themes."

EPK animators are Kanak men and women committed to the struggle for independence. Some of them are graduates of the EPK. Some have been sent to schools within the Pacific region, in Vanuatu, Tonga, and Australia, for example, and have returned to serve their people by working for the EPK.

The animators also take responsibility for the health of their students. They ensure that the children practice what they have learned about maintaining healthy relationships within and without the tribe, and also with the environment. Some animators teach nutrition, including the use of local foods, whenever there is a tribal meal. The main health concern of the animators, however, is the provision of drinkable water for the tribespeople year around. "The solution to this problem is not forthcoming. The colonial government does not consider it a priority. We have applied for funding from various sources but have not received any response," explained animator Macky Wea. "People who want to support us must help us meet this need."

"We do not collect fees from families who send their children to the EPK. We depend on our farm products, on fishing, and on our earnings from the cooperative store to maintain ourschool."

"The school building has suffered from police harrassment," Nini Wea explained. "There are some shattered windows and things that need repair. But money is scarce and we have to decide on our priorities. Occasionally we receive donations from friends in the struggle, but so far we have raised most of the funds ourselves. We have a workshop for woodwork, sewing, and other income-generating projects. We need books for our library and other teaching aids. The struggle for independence is not easy. There are lots of sacrifices to be made, but we need to begin now, even before we win our independence."
TECARE—THE CHURCH AND DEVELOPMENT IN KANAKY

Temoignage Chrétien pour l'animation Rurale et l'Ecodeveloppement (TECARE) (Christian Witness for Rural Promotion and Ecological Development) was created in 1984 as the development arm of the Eglise Evangélique in New Caledonia.

TECARE sees development as the harmonious relationship between economic growth and social development, including the rational long-term management of natural and human resources. The TECARE programme is run by the Kanak people. Its guiding principle is that the people must take responsibility for their own development.

TECARE activities

At the request of the people, TECARE workers and technicians visit the Kanak tribes and villages to conduct Bible studies and show slides on development in Latin America and Africa.

There is now great interest among the people, especially peasant farmers, in learning from countries facing similar conditions of suffering and under-development. "The slides are helpful because they actually show farming techniques and the struggle of the poor to improve their lot," said Dominique Lawi, executive director of TECARE. They also provide a basis for discussions on numerous development-related topics, such as world hunger, irrigation, nutrition, agricultural techniques, and home-based care of the sick.

TECARE Bible studies focus on development and what the Kanak people can do with what they have. "The missionaries preached a gospel that tended to separate soul, or spiritual life, and the body, or development," explained Mr Lawi, during our conversation in March of this year. "We believe that this mythical separation of the spiritual and the material must be done away with. We take Bible studies seriously as Kanaks, and from them we see how the whole Biblical message points to the oneness of creation. For example, in Genesis 2:15 we read, 'The Lord God took man and put him in the garden of Eden to till it and keep it.' In our Bible studies, we discuss this passage in groups and then pool all the comments. A debate follows. At this point we understand that God wants us to cultivate the earth. 'To keep it well' means that we must also respect the earth. There is an ecological dimension here—the Divine will that the earth should be tended carefully and sensibly so that future generations, too, can benefit."

New Caledonia is primarily a nation of agriculture, and the improvement of the quality of life in rural areas is a TECARE priority. The islands' most pressing needs are related to food and water, and TECARE is seeking ways to address these.

In many parts of Kanaky, and especially in Ouvea and Poum, there is a chronic shortage of water. In critical locations, TECARE has
introduced ordeng latrines (ordeng originating from the French ordures [waste] and engrais [fertilizer]). The ordeng latrine is a simple system that requires no water. It is designed so that the decomposition of the fecal matter is odorless, and after six to eight months the waste can be recovered for use as organic fertilizer. The ordeng system was tried out in 1987 and 1988, but was not really accepted by the people, reports Dominique Lawi.

"We learn from Western medicine that the absence of sanitary facilities contributes to intestinal parasitism. We want to pursue projects to promote hygiene, but so far have had little response. We will have to work harder to encourage our people to change their attitudes," said Emma Hmana, president of the association of vigiles de santé in Lifou and a TECARE supporter. TECARE reports the construction of three ordeng latrines in the territory: one in Yambe, one in Lifou for the Jokin tribe, and one in Ouvea for the Wakat tribe. With the financial backing of the Provincial Health Service Administration, TECARE is now testing a septic tank suitable for use in rural areas.

Another important TECARE activity is nutrition education. According to Dominique Lawi, one of the questions most often asked by the people is, "Are our traditional root crops really harmful to our health, as Western medical doctors say?"

"TECARE knows that the answer is no," he told me. "The traditional bougna, a dish combining banana, yam, taro, sweet potato, and cassava, has nourished our people for centuries." As the result of the nutrition education provided by TECARE, the people now add nutritious products such as chicken, fish, tomatoes, coconut milk, and carrots to the bougna. "We show the people the nutritive value of fresh food. We explain this and encourage the use of local products, most of which are less expensive, or even free," he concluded.

TECARE has also undertaken consumer education to counter the current trend of buying the expensive, imported goods available in the islands' city centres. As part of this work, TECARE promotes products such as whole grain rice, brown sugar, and wholemeal flour. TECARE talks to the people about harmful chemical additives in food. Doctors and health workers have expressed their appreciation of the work that TECARE is doing.

The women participants in the TECARE Bible studies have asked the organization to construct an outdoor oven and water heater, and TECARE has taken up their suggestion as a test project to see if the idea really suits the people. So far, the women are happy with the results. A big oven means that they can cook food in large quantities to feed the tribe.

TECARE creates a space for expressing Kanak spirituality that is not divorced from their everyday experience. While some activities appear highly conventional, such as the construction of latrines and ovens, the most important aspect of the work is bringing together the community, which leads community members to reflect on the effectiveness of their Christian witness in a society where Christianity is so frequently linked with western interests. Dominique Lawi hopes that in the future Kanaks will be able to initiate programmes similar to TECARE to lead them towards their vision of development—a development consistent with God's will to nurture the whole of creation, with obvious implications for the well-being of the Kanak people.

Questions for discussion

1. What are the main health problems the Kanak people face? What major health problems do you and your people face?

2. The struggle of the Kanak people for better health is closely related to their struggle for independence. How exactly are they linked?

3. In your country, is there more than one health system (e.g. traditional and western). If so, how do they interrelate?

4. Should development always mean that traditions and values will be lost? What can we do to prevent this from happening?

4. How is primary health care integrated into your community. In its present form is it appropriate?
USEFUL PUBLICATIONS

Hanyane: a village struggles for eye health
by Erika Sutter, Allen Foster, and Victoria Francis

A useful, colourfully illustrated book on eye health directed at various categories of community health workers and their trainers. Presents problems in the area of community eye care and simple, practical ways of solving them using stories, questions, and discussions.

Includes lecture notes on eye diseases, their diagnosis and management at both the village health worker and the ophthalmic assistant levels.

Available from Teaching-aids At Low Cost (TALC) for £3.25, plus postage and handling, at the following address:

   Teaching-aids At Low Cost (TALC)
P.O. Box 49
St Albans
Herts AL1 4AX
United Kingdom

Uprooting Poverty in South Africa by Francis Wilson and Mamphela Ramphele (The Hunger Project Papers, Number 7, May 1989)

Distilled from the authors’ recent book on the subject. A forthright presentation of the complexities of poverty, in this case made more complex by the extremity of the South African situation. Details the elements involved: environment, employment, hunger, health, housing, literacy, and vulnerability of certain groups. Covers causes of poverty in South Africa, with reference to the country’s recent economic history and apartheid as manifest in official policy since the election of the National Party in 1948.

The paper first analyzes and then offers suggestions for change, admitting that although democracy is essential in the transformation of the South African political economy, it is not likely to happen for some years. The conclusion is a series of clear-eyed questions challenging the casual perception of poverty in South Africa as an isolated extreme and therefore to be considered separately from the desperate global need for a redistribution of wealth.

Available in French and English free of charge from

   The Hunger Project Global Office
   One Madison Avenue
   New York, New York 10010-3603
   United States of America

The Challenge of Tourism, edited by Alison O’Grady

An exploration of tourism and its often negative effects.

Covers the origins of tourism, its economic and cultural impact, social cost, relation to political power, and toll on the environment. Discusses the ethical concerns involved and tells of how specific communities have responded to the problems raised when they open their doors to tourists. Provides suggestions for a more just and sustainable tourism.

Aimed at raising awareness through useful information, stories, cartoons, and photographs. Gives a list of references and resources, including addresses of resources groups. A highly useful book in promoting more authentic encounters between people of different cultures.

Available at US$12 at the following address:

   Ecumenical Coalition on Third World Tourism
   P.O. Box 24 Chorakhebua
   Bangkok, 10230
   Thailand

WORTHY MENTION

Egypt recently banned tobacco cultivation to free scarce land and water for growing desperately needed food. Egyptians can still get cigarettes, but they will be made with imported tobacco and will cost more. — World Tobacco Situation, USDA, January 1990, quoted in World-Watch, May-June 1990.
Pacific customs

By Cynthia Biddlecomb, adapted from The Challenge of Tourism (see review on facing page).

On the island of Bora Bora, in Polynesia, women went to work at a new hotel wearing their Sunday-best clothes—long dresses of calico with long sleeves and a high neckline. The hotel was quick to inform them that such dress was unacceptable.

The women were instructed to wear a *pareu*, a piece of fabric wrapped around as a strapless dress. For these women, the *pareu* was like a robe or housedress, worn only when doing the laundry or cleaning house, never worn for company. Afraid of losing their jobs, the women did not complain to the hotel management but rather to their menfolk. Many of the men weredeacons of the church and took the issue to the Council of Deacons. The Council met with the hotel management, made it clear that the dress-style required by the hotel was totally unacceptable according to local community values, and worked out a compromise.

This story of taking action to set right the image tourists get of the local culture has now been shared throughout the Pacific Island region, thanks to the work of the Pacific Conference of Churches.

**CMC NOTES**

On the occasion of the 43rd World Health Assembly, held in Geneva in May 1990, CMC made the following statement to Assembly delegates:

Mr Chairman,

The Christian Medical Commission of the World Council of Churches is pleased to collaborate with the World Health Organization in the area of promoting the health of infants and children. The Christian Medical Commission has devoted an issue of its bi-monthly newsletter, *Contact*, with a circulation of more than 35,000, to the topic of breastfeeding. We have also widely publicized the WHO/UNICEF publication *Facts for Life* throughout our network. We have written to our church-related hospitals to recommend breastfeeding to ensure that infants are given a healthy start to life.

Mr Chairman, as we visit various countries and participate in various meetings, we note with great concern the continuing decline of breastfeeding in favour of bottlefeeding. In both developed and developing countries, thousands of babies still suffer and die every year from incorrect feeding practices. Feeding practices in hospitals and maternity clinics is an area of great concern to us, as these practices often set the feeding pattern the mothers follow upon returning home. Many hospital and maternity wards still do not practice rooming-in with breastfeeding on demand, but keep the babies in nurseries where they are bottlefed at regular intervals. Many institutions admit nursing staff—so-called “medical representatives”—of the breastmilk substitute manufacturers into the wards to meet mothers. Large amounts of infant formula continue to flow into the health institutions through the “booking scheme” in direct circumvention of the provision of the International Code of Marketing of Breast-milk Substitutes banning such supplies. “Booking” allows breastmilk substitute company representatives to charge personnel for supplies delivered to the hospital as credit purchases, with the tacit understanding that payment will not be collected. Booked “sales” are then written off as bad debts. Thus the manufacturer not only evades the legal charge of giving free supplies but also benefits from a reduction in income tax because of the unpaid debts.

Mr Chairman, the Christian Medical Commission hopes that the World Health Organization and its Member States can facilitate a more effective monitoring scheme to ensure the strict observance of the International Code on Marketing of Breast-milk Substitutes and to eliminate loopholes in the code that enable breast-milk substitute companies to do business as usual.
ERRATUM

CMC regrets an oversight in the omission of the credit line relevant to the excerpt from the book LISTENING TO AFRICA: Developing Africa from the Grassroots, by Pierre Pradervand, which appeared on page 12 of Contact No. 114. LISTENING TO AFRICA was quoted with the permission of Praeger Publishers, New York, a subdivision of the Greenwood Publishing Group, Inc., 1989) – copyright © 1989, translated into the other language versions of Contact and reproduced with the permission of the editor.

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