HEALING TRADITIONS

No 151
October-November 1996

Healing Traditions

2 Editorial

3 Introduction
Christianity and traditional healing

6 Analysis
Globalization and the decline of traditional medicine

9 Testimony
Reflections from Aotearoa/New Zealand, Philippines and Africa

12 Report
Health care on the brink of paradigm shift

15 Resource materials

Update

16 TB: Making services accessible

Networking

18 Useful publications, letters and announcements

Finding answers in gospel and cultures
For too long traditional systems of healing and medicine have been denigrated or ignored. European missionaries often had little understanding of the wealth they were destroying by ignoring local healing traditions. Today, globalization is similarly destructive. Global media and advertising lure more and more people into the market system and away from the source of their own identity and well being.

This issue of Contact aims to provide an insight into how the resources of traditional and alternative systems of healing can be restored for the benefit of everyone.

The introductory article reports on two CMC workshops which addressed the relationship between health and gospel and cultures. The first workshop, held in Guatemala, highlighted what has gone wrong in the past and what is needed in the future if greater understanding and a revival of traditional healing is to be achieved. The second workshop, held in Myanmar (formerly Burma), demonstrated how true Christian witness among congregations in Asia is restoring health and community with the help of people with HIV/AIDS.

In the second article, Eugenio Poma, WCC consultant for Indigenous People issues, points to some of the many ways in which the globalization of western culture is damaging his own tradition, and suggests how Christians and others can reach out to peoples whose cultures are increasingly threatened.

Listening to people's stories can make an important contribution to change. We therefore include three inspiring testimonies, two of which are from Indigenous women. We then conclude with a report from India. At a meeting which took place there last year, there was clear evidence that more and more people in the international health community were starting to recognize the importance of the cultural, the traditional and the social context in health care. A shift towards greater acceptance of traditional approaches to health care seems already to be under way!

The recent involvement of CMC in the issue of reviving traditional healing and in working towards culturally-appropriate interpretations of the gospel has fed into a World Council of Churches' study process. In 1994, WCC invited churches and ecumenical agencies to take part in a study of the relationship between the gospel and cultures. The request struck a responsive chord, and since then numerous national and regional studies have taken place. CMC has coordinated the tremendous interest in sharing experiences of how gospel and cultures relates to the issue of health and healing.

The findings of all the work in this study process are currently being incorporated into the preparatory documents of the Conference on World Mission and Evangelism taking place in Salvador, Brazil, 24 November to 3 December 1996.

Participants at the meeting will discuss the liberating and affirming dimensions of culture as well as its oppressive manifestations. They will likewise consider the gospel both as "good news" and as "bad news" in situations in which missionaries have been the cause of death and destruction. In relation to health, CMC would like participants to consider some of the questions raised by the studies and reports on health and healing. These include:

1. What is our concept of health?
2. How can the harm done by insensitive imposition of western culture on others be recognized, and what are the implications of this recognition for future action?
3. What has the loss of traditional healing meant for health status and for women's identity and health?
4. How can the strength and relevance of gospel and cultures be drawn upon to restore community life?

Even if you are not going to the conference, we hope that you would also like to ask yourself some of these questions. We hope that the articles included in this issue of Contact will help provide some of the answers.

Guillermo Cook and Diana Smith
CHRISTIANITY AND TRADITIONAL HEALING

Two recent workshops organized by CMC - Churches’ Action for Health have highlighted the relationship between the teachings of the gospel, local culture and health. They both form part of the World Council of Churches’ gospel and cultures study programme.

One workshop, held in Guatemala, focused on the effects on local culture of introducing the gospel from a purely western perspective. The second, held in Myanmar, where Buddhists are in the majority, revealed the strengths of the gospel message in a pluralist society.

Since its early days as the Christian Medical Commission, CMC - Churches’ Action for Health has attached great importance to the different aspects of how culture and traditions relate to health. Several issues of Contact have highlighted how working with traditional beliefs can make a vital contribution to a healthy and meaningful life for the people.

More recently, CMC has given particular attention to the importance of the link between traditional healing and identity, and to the role of the gospel in promoting health and wholeness in pluralistic (many cultures/many religions) societies. The development of these two themes has been pursued as part of the World Council of Churches’ study programme on gospel and cultures, which addresses the encounter between the gospel and local cultures in different parts of the world.

In some cases, the manner in which missionary work has been carried out has led to a suppression of the people’s own resources. For example, there is now a growing awareness that the lack of sensitivity for local cultural contexts has led to the undermining of traditional medicine. This recognition comes at a time when the western approach to medicine is increasingly seen as having major failings. These shortcomings include the limited scope of western medicine in dealing with diseases such as HIV/AIDS, and its inadequacy in regard to the many psychological health problems associated with the stress of modern living. At the same time, the western system is also criticized because the mounting costs of technology and medicines required by these medical services is increasingly restricting its accessibility.

At the beginning of May this year, the first of CMC’s workshops on health and healing in relation to the gospel and cultures was held in Guatemala. The 25 participants, who came predominantly from countries in Latin America, included a local Maya Quiche priestess and healer. The meeting offered these participants a forum for rich and exciting

A report of the meeting in Guatemala is available in Spanish and English from CMC - Churches’ Action for Health, see Resource Materials page 15.
sharing of life stories, experiences and different concepts of gospel, health and healing.

The group began by exploring the diverse understandings of the gospel. They discussed gospel as the "good news" — that is, rooted in, and inseparable from, the actions and life of Jesus Christ, and also in terms of the promotion of the integrity of life — restoring harmony within ourselves, with each other, with creation and with the universe.

Health was defined as a dynamic process of striving both for harmony and for the source of life. It was also recognized that the process involved maintaining the link between nature and the community.

Healing was analyzed both from a perspective of western medicine (allopathic) and of traditional medicine, which was understood as the medicine of Indigenous Peoples. Contrary to the allopathic approach, which is often individualistic and symptom-based, traditional medicine offered an understanding of healing which approached the human being from a wholistic point of view. In other words, traditional medicine seeks to reintegrate the person in order to achieve his or her natural sense of well-being. In looking at healing from this perspective, those taking part were able to highlight the relationship which exists between healing, traditional medicine, faith and spirituality, world vision and ecology. Participants agreed that the need for respect and care for nature stemmed from the understanding that we are one with nature, in equilibrium with all living things.

The role of the church in relation to the survival or destruction of peoples' culture and traditions formed an important part of the discussions. With the arrival of the European church to Latin America, many traditions and cultures were ignored and a dominant western culture was imposed. Experiences from the participants did, however, express signs of hope, and examples were shared of churches today who respect, incorporate and promote traditional medicine in their programmes and activities.

One of the main concerns which emerged at the meeting was the negative influence which government health policies had on culture, gospel and health. Although efforts to promote traditional medicine had been taken in a small number of countries, the majority of government health programmes maintained a sceptical view. Indeed, if they considered traditional medicine at all, they did not take the subject seriously.

Another problem was that part of an increasing interest in traditional medicine was driven by the desire for financial profit. Little had been achieved in the area of the protection of Indigenous Peoples' rights in terms of land and property, even less in terms of rights to express their world view and practice their medicine.

Drawing together what the participants described as the "golden threads" of the meeting, various conclusions and recommendations became obvious. One was that the church needed to recognize the harm that it had done in regard to Indigenous Peoples' identity, values and traditions, and then to analyze what this meant for evangelism (spreading the gospel-message) today. The participants, who were mainly women, also felt that the church needed to revise its position on women and health, in particular in relation to attitudes towards suffering, sacrifice and sexuality.
The golden threads also provided rich material for further discussion. Those involved felt that the concept of health from the perspective of balance and wholeness needed more exploration. They wanted to be able to define more clearly what was meant by gospel, culture, health and tradition. Even more important, they wanted to discover how to combine their understanding of these concepts so that each of them, and others, could live out their own gospel in their own way.

The gospel and HIV/AIDS
How people can and are living out their own gospel has been highlighted during a series of CMC seminars and workshops on "Restoring life in community." These meetings have brought together members of church congregations who are working with people with HIV/AIDS.

At the end of May, a CMC meeting in Myanmar on "Restoring life in community" formed part of the WCC gospel and cultures study. It allowed participants from Thailand, Indonesia and India to join those from Myanmar in sharing experiences of HIV/AIDS ministries. All of those taking part worked alongside others who were from the Buddhist, Muslim or Hindu traditions. The participants described how the work in which their churches were involved had been enriched not only by an ever deeper understanding of the gospel but also by their growing understanding of other peoples’ cultures.

The experience of the Church of Christ in Thailand was particularly inspiring. Those involved in the Thai church’s health programme described the strength and opportunity they had found as a result of working with Christians and non-Christians living with AIDS in Thailand. For example, Julalak Khamsan said she herself had received a lot of encouragement through being involved in counselling and visiting people living with HIV/AIDS in the community. She said that although trained in theology and trying to offer ministry to people living with AIDS, she felt that they were ministering to her. "They don’t think only of themselves, but amidst their suffering they think of me. I have learned a lot. People living with HIV/AIDS have a positive perspective. They are willing to forgive and help. AIDS offers an opportunity to be an ambassador for God in a broken society. AIDS provides a chance to build up love and understanding and compassion for each other. AIDS provides an opportunity for forgiveness and reconciliation."

Jayaprakash Muliyyi, a professor in community health at CMC in Vellore, said that he had also learned a lot, and had been strengthened in his Christian faith, through his regular visits to poor women bonded into prostitution in Vellore. He said that Jesus Christ’s example showed that restoring life in community meant meeting people where they were in order to understand and get to the roots of the problems. He said that it was through real life encounter that the gospel message could be a life force interacting with existing cultures and subcultures.

Prawate Khid-arm of the Christian Conference of Asia concluded the workshop with some practical proposals which highlighted not only the role of the gospel in promoting health in pluralistic societies, but also the need to draw on local traditions and cultures. He said: "Being faithful witnesses and humble servants to the gospel message, Christians are called to continue to be in dialogue with people’s cultures and religions in a respectful and sensitive way." He suggested that local congregations should encourage the sharing of stories, the development of artwork to communicate HIV/AIDS in a relevant way, and the preparation of bible studies and worship services that create spaces for healing and caring. He said that these were examples of ways in which local congregations living in pluralistic societies could respond to the gospel and cultures’ imperative of restoring life in communities."
GLOBALIZATION AND THE DECLINE OF TRADITIONAL MEDICINE

When I stop and think about the word globalization, I quickly see that it is related to the market system. The market system trains us to consume, and especially to consume more goods that are manufactured elsewhere.

Take the example of a can of CocaCola or a packet of aspirin. These are goods that are clear-cut cases of globalized market products. In my home in Bolivia, we have herbs from which we can make drinks and cures for headaches and other illnesses. Sadly, we want to be more like Europeans and North Americans so we choose CocaCola instead of our own local beverages, and aspirins instead of local herbal remedies. The implications of this trend affect many aspects of life.

First, when products are taken away to be altered and refined, they always come back more expensive. We then pay for them and the money goes elsewhere. The result is that we are poorer and more dependent because we have to work harder in order to buy the processed goods. The worst example of this is the coca leaves. Thirty years ago, the main use of the coca leaves was to make a herbal tea that tasted good and would relieve headaches. Today, it is used for CocaCola. Even worse, greed for money has turned this natural herb into the chemically-refined and present-day evil, cocaine.

At the same time, there is a much deeper process of impoverishment taking place. When we start choosing products from outside in preference to our own, we begin to lose our identity. For example, when we choose aspirin rather than one of our traditional herbal tea remedies, we are showing that we have more faith in the pills than in our own approach to the world. There is no doubt that processed pills and potions often have a more rapid effect on the symptoms than the herbal teas. However, the trust that I had in the herbs – which had provided communion with...
creation having been grown in "Patchamama" (mother earth) in the present of the spirits — is being destroyed.

Relying on the pills also makes me mope individualistic. Whereas I take an aspirin alone, I rely on several doctors, many community members and my family as part of a traditional system of healing. The Yatiri (diagnosing doctor) would be called first. Then he would call the Qolliri (doctor of herbal medicines) and members of the family would call on the Achachilas (spirits of the ancestors) to find out what is wrong with me and how I could be healed. If I trust in our healing system, members of my family will all play a part in my healing and recovery. If instead I choose the pills, I turn away from the community or collective approach to healing and life and I create an imbalance either within myself or between myself and my environment.

We believe that health depends upon balance and harmony within ourselves, with our family, neighbours and community, and with and in nature. Balance is achieved through "reciprocity" or returning what we have taken from nature. For example, I may become depressed after cutting down a tree. The bird that used to come and sing each morning, no longer comes. I lose touch with the changing seasons when the tree is no longer there. In this situation, I know that I need to plant a new tree in order to feel better and to continue to receive messages for life.

The effect of globalization and the market's drive for profit is in direct conflict with our understanding of achieving health through reciprocity. For example, when logging companies cut down all the trees without giving anything back in exchange, they break our rules of reciprocity. The companies have not shown respect to mother earth nor to the cost she has to pay.

Western thinking, backed up by the Old Testament (Genesis 1:28), suggests that man can control creation.

God blessed them, and God said to them, "Be fruitful and multiply, and fill the earth and subdue it, and have dominion over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth." (Genesis 1:28)

In contrast, many Indigenous People see humans as being linked with, equal to, or part of, all other elements in God's creation. Each person is seen as responsible for his or her share of creation.

Globalization and gospel
There is nothing new about globalization. Every empire has wanted to globalization—to introduce its ways of life to others. When the missionaries came, they did not respect our doctors priests and medicine persons. They considered our healing methods to be based on witchcraft and paganism.

Even now, the Church shares the gospel from a western perspective. Although many of the church's religious celebrations are based on pagan ceremonies—such as celebrating Christmas which was originally a Greek festival for the sun god—western Christians often completely forget this fact. For my Aymara people and many other Indigenous People, introducing the gospel has meant introducing another culture.

Today, two things need to happen. The first is that those working in churches and church organizations, including the World Council of Churches, should open their hearts and minds so that they can listen to others. In particular, Indigenous People need to be given time for their stories to be told. Their customs and traditions need to be respected. All of us can learn from listening and hearing what they have to say.

The second step is for members of the churches and others to open themselves to
experiencing the life and culture of indigenous people. When visitors go to worship with Indigenous People, they should sit down with the local people on equal terms. They should listen to what the people have to say and respond to them directly rather than with what they came prepared to say. They should also give the time it takes to experience the worship, and to eat with the people and dance with them.

Secrets
Sometimes, Indigenous People seem to keep secrets that are difficult to break. This is almost always a response to the lack of respect shown towards us.

When outsiders come into our Indigenous communities, we show them great respect. We behave in the way they ask of us - even to the extent of imitating them if that seems the most appropriate way of showing our respect for their culture. But do they show that same respect for us? Are they willing to experience and participate in our culture in a similar way? Taking part in our worship or traditional healing practices may mean breaking a taboo or admitting to the mystical and spiritual aspects of life that they often dismiss as "superstition". When outsiders cannot express such openness, we keep our secrets.

Our doctors often want to keep secret their healing skills. My older brother was a Qolliri, and when I became a leader in the church, I wanted groups who visited my community to see the type of work he was doing. He refused because the visitors would not believe in his healing. At the time I was caught up in western Christian thinking and I found his reaction difficult to understand. However I now realize that if my brother had revealed to outsiders the healing powers that they considered to be folklore, it might have destroyed the power and faith my brother had in what he was doing.

Today, western Christians offer to come and tell us how a devotion in which we sacrifice a llama can be accommodated into Christianity. This is not what we want. We would rather keep our secrets and wait for the request from people who really want to experience this act of worship. When people are not open to other religious expressions, it means that they consider theirs to be superior.

It is important to recognize the power associated with secrecy. Indigenous People, faced with a dominant culture outside, may keep secrets in order not to lose power. Westerners have also been known to keep secrets in order to maintain power. One example is the case of the European churchmen who refused to translate the Bible from Latin. This gave them a monopoly on its interpretation.

When Christianity came to our Aymara culture, it did not teach us how to live good lives. Like all other cultures, we have had this knowledge since time immemorial.

However, as a Christian and an Indigenous person, I am not saying that we do not get a lot from the Bible. The gospel has uncovered for us new ways of understanding and valuing the richness that we have. For example, today, thinking about traditional medicine, I think about the Good News of the resurrection. While traditional medicine may be dying, the resurrection is coming.
CULTURAL SAFETY IN AOTEAROA – AN INDIGENOUS EXPERIENCE

Tara Tautari, a Maori intern working on Indigenous Peoples’ issues at the World Council of Churches, shares a poignant experience of contact with health services in Aotearoa/New Zealand.

I was nineteen when my father first went into hospital for tests for what we thought was a bad case of flu – only to be then told that he had two months to live. After three weeks of waiting, the doctor came to us. He had looked a little puzzled when Dad said that he wanted his whole whanau (family) with him to hear what was happening. But surely this was a private thing, something to be heard in confidence? “No,” my father said, “this is our way.”

So we all sat and listened as the doctor tried to explain the seriousness of the heart trouble – “very weak, tried everything we could, two months at the most, best to get your affairs in order.” And at the very end of his talk he said, “I don’t mind if you want to consult a tohunga (skilled person of great knowledge), but I honestly don’t think they can do anything.” And that was that. He looked sorrowfully at us, passed on his condolences and moved onto the next patient.

I am now twenty-six and yet the memory of that time is still very vivid for me. I can see my mother trying to explain to the nurses that Maori do not have food in contact with excreta and so therefore the bedpan in the hospital room must be removed from sight and should not be placed next to the dinner tray. I remember my brothers and sisters smuggling into the hospital Maori food – kai moana, puha juice, takakau and tuna because we were told that our food was not right for our father and that he should have pureed carrots and mashed potatoes instead. I remember my mother and brother insisting that they be the ones to take Dad to the bathroom and wash him, because this was not the job for strangers to do. But most of all I remember my father, afraid that he would have to spend the rest of what little time was given to him in that hospital – in what was a completely foreign and monocultural (western) environment.

To Maori, physical wellbeing is inseparable from that of our spiritual, cultural

Most of all I remember my father – afraid that he would have to spend the rest of his life in that hospital.
and environmental/economic wellbeing. This holistic approach to health and sickness encompasses both the corporeal (material) and incorporeal (non-material). One of the founding documents of our country, the Treaty of Waitangi (1840) has always been regarded by Maori as a statement of the individual and collective rights of two Treaty partners – Maori and the Crown (through New Zealand’s head of state, Queen of England). And yet as Indigenous People, we have suffered a systematic alienation from our own natural resources, laws and language – the results of which have left us with the lowest educational achievement rates, highest crime statistics, highest unemployment rates and lowest health status of any group of people in our country.

This alarming “low health status” has continued throughout significant changes in the health sector in Aotearoa/New Zealand. Most recently, The replacement of a free health service with the implementation of a “User pays” approach has increased medical and prescription costs and hospital waiting lists for vital operations. Downsizing (reductions in staff and services), and even closure of some hospitals, has inevitably meant that Maori are yet again the losers in a system which already discriminates against them.

And yet some would say that change has occurred. They cite the “Cultural safety” component of the nursing curriculum developed by Maori nursing educationalist, Irhapeti Ramsden. This sought to promote a greater awareness of cultural sensitivity amongst health practitioners, especially nurses. Examples of cultural safety would include demonstrations of sensitivity among hospital staff towards Maori health care practices. In addition, funding of new health agencies has enabled some iwi (tribal) and other Maori organizations to deliver health services to their own people in more culturally appropriate ways.

In one of the most comprehensive descriptions of government’s objectives for Maori health entitled “Whaia te ora mo te iwi”, the Minister of Health emphasised that the government “regards the Treaty of Waitangi as the founding document of New Zealand, and acknowledges that government must meet the health needs of Maori and help address the improvements of their health status.” It went on to outline critical areas to be addressed, including the statement that: “the Government

Philippines: What is causing the withering of traditional medicine?

WCC intern Penelope Caytap is from the mountainous Cordillera area of the Philippines. She says that people there are becoming more and more dependent on the modern health facilities and medicines because they believe them to be more effective than the herbal medicines or the traditional healing rituals. She says that the problem is that by the time the imported medicines arrive, the sick person has often been dead for months. Penelope is not convinced of the advantages of modern technology. "Modern technology has brought the mining companies that have polluted the underground streams of the Cordillera river," she says. "When I went to university, I could not understand why my family did not send me bananas. When I got home, I realized that in a period of five years the fertility of the land had been destroyed."
will encourage the participation of Maori in the health sector through the ‘Good Employer’ provisions of the Health and Disability Services Act.”

Interestingly the Minister of Health has now removed a reference to the Treaty of Waitangi from patients’ code of rights which relates to the Health and Disability Services Act. This “Code of Health and Disability Services Consumers’ Rights” protects the right to health services which take into account the needs, values and beliefs of ethnic groups. Originally, it was to have included the clause “including recognition of their (Maori) status as tangata whenua (first, or original, peoples of the land of Aotearoa/New Zealand) in the Treaty of Waitangi.” In the event, the Code, which came into effect July 1996, states that the reference was not made because the effect would have been to “create legal uncertainties”. Maori have since condemned this action as an abrogation of the government’s social responsibilities to Maori as a Treaty of Waitangi partner. Their belief is that the reference to the Treaty would have contributed to the protection of Maori rights to receive a high standard of health.

My father, who miraculously is still with us today, heard the news of the omission and is very sad. Now when people come to visit us at home on the farm they say to him: “How is it that you have managed to beat those doctors?” He replies like this: “It was God’s work, it was peoples’ prayers, it was my whanau (family), it was being back on my land, it was remembering the rongoa (Maori medicine) of my own people,” – and then he smiles and is quiet. For still it does not take away the memory of those times, nor does it change the reality for his people now.

African churches as healing communities

Dr Jaap Breetvelt, author of a manuscript entitled: “Health and Healing in African communities”, says that many Christian health professionals in Africa are developing “grassroots” theology taking into account both African culture and biblical teaching. They are then translating it into practice for health and healing, care and cure.

Drawing on the arguments of the Ghanaian theologian Kwame Bediako, Dr Breetvelt says that each African congregation, consciously or unconsciously, is involved in applied or grassroots theology because all African Christians have to grapple with matters in which African tradition and Christianity seem to be incompatible. He says that “authentic” African health programmes need to be built on local interpretation of traditional beliefs and practices relating to polygamy, disease, death and burial.

As examples of such authentic health work, he cites the initiatives of a number of Christian private health practitioners who try to combine their daily work with voluntary activities in their communities, such as becoming involved in vaccination schemes or in AIDS prevention work.

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Christian service means for many people in Africa simply giving assistance to victims of social conflict, drought and various other natural and man-made disasters.
Tore Samuelson/WCC
HEALTH CARE ON THE BRINK OF A PARADIGM SHIFT

Darlena David, senior communication co-ordinator at the Christian Medical Association of India (CMAI), attended the International Consultation on Medical Anthropology and Alternative Systems of Healing in Suraj Kund near New Delhi in February last year. She found a new interest in traditional systems of medicine from an international audience in search of well-being and faced with diseases associated with lifestyle.

Traditional systems of medicine, marginalized in the rush towards secularisation and modernisation, are slowly being teased back into the central arena from where they had been unceremoniously banished. Those taking part in the International Consultation on Medical Anthropology and Alternative Systems of Healing noted that traditional systems of medicine operated within one or more religions. Meanwhile, in modern western medicine the 18th century secularisation established the foundations of a medical system without conscious grounding in any religious world view.

Fortunately, during a period in which they were under threat, the traditional systems never succumbed. They simply stayed out of the public domain, always accessible to those who sought traditional forms of medicine. Now, rather than being simply allowed to return, traditional medicine is being persuaded to re-enter the public domain. A concluding statement from the consultation offers an interesting perspective on the reason why: "There is a new paradigm emerging—one that integrates the physical, mental, environmental, social and spiritual domains. The paradigm shift, taking place with the better understanding and co-operation of the traditional systems of healing, will further facilitate understanding and co-operation, in the interest and well being of the whole of humanity."

It is humanity’s search for well being, when faced with diseases of lifestyle, that is spurring the paradigm shift. Western science had until recently assigned traditional systems of healing to non-western cultures and to the lower uneducated classes of western society. Only if they had been tested on the anvil of scientific rationality and experimental validation were they afforded any credit. However, there is now a growing recognition: that diet, exercise and relaxation do have an effect on some of the growing
number of lifestyle-related diseases; that the mind and the will both affect body and health status, and that poverty and inequitable distribution of resources links health care with political economy.

All these changes in thinking are combining to bring modern medicine closer to the reality perceptions of the traditional systems of healing. The Indian government has stated recently that more importance would now be given to upgrading and revitalising Indian systems of medicine. It argued that "as a system, allopathy (western-style medicine)... has certain obvious pitfalls... The cost factor, non-availability to a vast majority of the people, hospital-induced illnesses, overuse of chemicals... indiscriminate use of antibiotics, the over-use of technology in both diagnosis and therapy, and the consequent impersonalisation of therapy..."

The consultation carefully laid a theoretical framework for the discussions while in the afternoons, clinics were organized in the different systems of healing. Practitioners of naturopathy, ayurveda, homeopathy and newer therapies such as pranic healing, johrei, high genki and reflexology demonstrated the system to those who chose to experience their healing power. For the author of this article, pranic healing for a troublesome allergy followed by a soothing massage by an experienced woman masseur, who used the most natural of fragrant essential oils, was an experience never to be forgotten.

Definitions (taken from various sources)

Naturopathy: A system of medicine which looks at the whole person - body, mind and spirit in the context of his/her natural environment and in relationship with it. It uses what is naturally available, with the minimum amount of necessary modification, to promote health, build up stamina and body resistance, and prevent diseases.

Ayurveda: The ayurvedic system of medicine is connected to the whole meaning and purpose of human life. Ayurveda is the science which imparts knowledge of life. It is the science which describes signs of health, and factors responsible for its maintenance, as well as the factors connected with disease states.

Homeopathy: A system of medicine formulated in the rule, "Let likes be treated by likes". Homeopathy treats the patient, not the disease.

Pranic healing is an ancient science and art of healing which utilizes Prana or vital energy to heal the whole physical body. It is also called psychic healing, vitalic healing. Therapeutic Touch, laying on of the hand, magnetic healing, faith healing, and charismatic healing.

Johrei is a method of purifying spiritual clouds. Based on "Spiritual science", it was developed by Mokichi Okada in Japan in the first half of this century. Okada taught that illness was a sign of the body getting rid of toxins. Johrei therefore aims to help remove toxins from human beings by channelling energy to the patient. Treatment takes place in a sunlit, tranquil room where there is a photograph of the founder and a light.

High genki: Treatment is based on the transmission of Ki or life energy with the help of a portable, therapeutic device. Ki is referred to as Chi in China and Prana in India. It is not known exactly how the therapy works but it is believed that the device emits negative ions and Ki energy. Infra-red rays, electro-magnetic waves and low frequency vibrations have been identified in Ki energy.

Reflexology: An ancient Chinese and Indian diagnostic and therapeutic system in which the soles of the feet and less commonly the palms of the hands are massaged deeply.

contact n°151 - October-November 1996
A traditional healer at work in Congo. Relating the patient to his or her natural world will boost the potential of the body to heal itself.

For many, the memories of a generous woman who shared her story of recovery from the ravages of cancer, and of finding the road to faith and a more natural way of living, will remain. Another woman, an activist who presented a paper on the links between health and the business interests of agro business and pharmaceutical corporations, spoke of her own recovery from kidney disease through auto urine therapy. It was people like her that made the meeting special. Ordinary people who had experienced disease and had sought other ways of healing. In the process, they themselves had become the healers.

The consultation was not without its problems. Some members of the privileged medical profession showed a reluctance to hear the messages that others were giving. Remarks, often from male "experts", belittling the healing experience of others led to resentment and confrontations. Too often these reactions were the result of gender bias being masqueraded as technical knowledge. Those with the power that technical knowledge brings often do not wish to demystify it so that it can be shared with others.

However, what was also clear was that there were some who were on the brink of the paradigm shift. A young neurosurgeon admitted frankly that there were some conditions which another system of healing could handle better.

US studies show churchgoing is good for you!

According to a recent Time magazine report, several studies reveal that religion is good for one’s health. For example, a 1995 study at Dartmouth-Hitchcock Medical Center shows that one of the best predictors of survival among 232 heart-surgery patients is the degree to which the patients said they drew comfort and strength from religious faith. Those without belief had more than three times the death rate of those that did.

The report also says that people who regularly take part in religious services have lower blood pressure, less heart disease, lower rates of depression and generally better health than those who do not attend.

The Time article puts forward some possible explanations. Churchgoers may be less likely to drink, abuse drugs or smoke tobacco, though some of the studies have taken pains to correct for this possibility. It goes on to suggest the social and community aspects of Christian life may have a part to play. "Churchgoing also offers social support - which numerous studies have shown to have a salutary effect on well-being."

The Dartmouth heart-surgery study is one of the few that attempts to tease apart the effects of social support and religious conviction, the report says. Patients were asked separate sets of questions about their participation in social groups and the comfort they drew from faith. The two factors appeared to have distinct benefits that made for a powerful combination. Those who were both religious and socially involved had a 14-fold advantage over those who were isolated or lacked faith.

Time June 24, 1996, pages 38-42.
This list provides details of some useful publications, and two videos, on the subject of health, healing and tradition - finding the answers in gospel and cultures. Unless otherwise stated, these materials are available in English only. Addresses of distributors are provided in the Address box in the margin.

**USEFUL PUBLICATIONS**

**Gospel, cultures and traditional medicine** is title of the report of the Guatemalan meeting featured in the introductory article. It is available in English and Spanish (original) from CMC - Churches' Action for Health, World Council of Churches.

The use of herbal medicines in primary health care is the proceedings of a meeting organized by CMC in Togo in September 1987. It includes experiences in the use of traditional medicine around the world, some of which were later featured in Contact. Available from CMC/WCC. Many back issues of Contact have focused on different healing traditions (write to us for a list of titles of back issues). Of particular interest is Contact 58 which featured Jeanne Nemec's report on *Rediscovering an ancient resource — A new look at traditional medicine*. Available from CMC/WCC.

Traditional medicine and health care coverage, published by WHO in 1983, is a reader for health administrators and practitioners. ISBN 92 4 154163 6. It costs US$38.00.

Traditional practitioners as primary health workers is available free of charge from WHO, reference WHO/SHS/DHS/TRM/95.6.

Guidelines for training traditional practitioners in primary health care is available free of charge from WHO, reference WHO/SHS/ DHS/TRM/95.5.

Guidelines for the assessment of herbal medicines is available free of charge from WHO, reference WHO/TRM/91.4.

Traditional health systems and public policy is the proceedings of an international workshop held in Canada in 1994. It deals with the traditional-western dichotomy, gender and indigenous knowledge issues, traditional health systems in different cultures and research and policy. It is published by International Development Research Centre, PO Box 8500, Ottawa, ON, Canada K1G 3H9. ISBN 0 88936 751 5.

**Herbal medicine and health promotion** is a comparative study of the use of herbal drugs in primary health care. With material from Ghana and Thailand, this book explores the related questions of availability, rational drug use, and factors influencing the promotion and use of herbal medicines. Implementation of adequate government policies on traditional medicine, primary health care, and essential drugs are seen as vital. ISBN 90 6832 033 5. Available from KIT Press.

**Videos**

Diverse cultures, one gospel is a video produced for the WCC gospel and cultures study programme. It introduces viewers to some examples of the complexity, richness and challenges of the diverse expressions of Christian faith. Available in PAL, NTSC and SECAM systems and in English, French, German, Spanish and Portuguese, copies can be obtained from World Council of Churches, Visual Arts Section, at a price of US$43.50 including postage and packing.

Sangoma: traditional healers in modern society is set in South Africa where new efforts to integrate traditional healers into primary health care, nutritional education, and AIDS work hold some promise for a public health system under siege. The video lasts 54 minutes and is available in PAL or NTSC for US$200 including airmail postage and packing charges from Villon Films.

**Address box**

World Council of Churches (WCC)  
PO Box 2100  
1211 Geneva 2  
Switzerland

World Health Organization (Distribution and Sales)  
1211 Geneva 2  
Switzerland

KIT Press  
Royal Tropical Institute (KIT)  
Mauritskade 63  
1092 AD Amsterdam  
Netherlands

Villon Films  
77 West 28th Ave  
Vancouver V5Y 2K7  
Canada
TB: MAKING SERVICES ACCESSIBLE

Contact recently received a letter from a tuberculosis specialist working in TB control in northern Mexico. He had read an "excellent" paper (published in approximately 1985!) by Dr Hakan Hellberg, a former CMC associate director, and wanted to know whether Dr Hellberg had recent suggestions on how to maximize the effectiveness of tuberculosis programmes in remote areas. We contacted Dr Hellberg who provided us with a copy of an article published in Tubercle and Lung Disease (1995) 76, 1-3. The following is a brief outline of the paper.

There is an ongoing discussion in health circles about the "vertical" versus the "horizontal" approach to disease or health projects and programmes. Too often, these approaches are proposed as being mutually exclusive.

**Vertical = Special knowledge but fragmented effort**

The vertical and single disease approach leads to a fragmentation of effort, inefficient use of resources and gives the population a distorted view of health and disease in a community. The different teams and their vehicles visit the same community, village or township on separate days of the week — the tuberculosis flag flies on Monday, Maternal and Child Health on Tuesday, Immunization on Wednesday, and so on (see Figure 1). The separate triangles represent the different specialized teams and the folly of the irresponsible use of resources.

**Horizontal = Integrated effort but little special knowledge**

If the responsibility for tuberculosis is part of the overall task of controlling all communicable diseases, an integrated programme may put tuberculosis in a less favourable position. The general approach to many communicable diseases correctly emphasizes preventive measures. With little or no special knowledge or experience in tuberculosis, and with a lack of any earmarked resources for anti-tuberculosis drugs, the results may be disastrous for TB control.

**"Crown" approach**

It is possible to combine integration and specialization by building an integrated local and district level health team supported by specialists at the regional and national level (see Figure 2). At the national level, there is a tuberculosis coordination unit waving the flag of specialized knowledge, and with access to resources specifically allocated for tuberculosis control. At the regional level, the approach is more integrated but a regional tuberculosis coordinator provides an identity and point of contact with regard to drugs and transport facilities. In the district, the integration goes further but a district tuberculosis coordinator has specialized knowledge.

When the number of tuberculosis cases decreases there is a temptation to stop using workers with special knowledge and experience at the district (and perhaps the regional) level. This has happened with some successful malaria programmes, and a resurgence of malaria has been the result.

There will be pressure to use multipurpose workers in dispensaries, health posts and health centres. This is natural,
but it is therefore all the more important to provide proper support and supervision for priority health problems. This is the task of the tuberculosis coordinator at the different levels.

Adopting the crown of life approach (Figure 2) is complex and requires much negotiation, supportive supervision and continuous concern for functioning human and administrative relationships. However, in refusing both the vertical and the horizontal approaches, a national tuberculosis programme needs to accept the challenge of establishing special professional competence responsible for earmarked resources permeating the different levels of the general health care system in an integrated manner.

Dr Hakan Hellberg, Ostra Fortet 4.B5, SF-52160 Esbo, Finland.


NUCLEAR TESTS STUDY

The World Council of Churches (WCC) has given US$50,000 to help finance the first comprehensive independent study on the possible consequences of French nuclear tests on the health and well-being of the people in French Polynesia. The study, which will cost US$200,000, has been initiated by the Protestant Church of French Polynesia (Eglise Evangélique) and Hitu Tau (a national non-governmental organization). The research will be undertaken by two social economists from the University of Wageningen in the Netherlands. They expect to conclude their study by the end of this year. The findings will be published in Contact.

WORLD BANK AND THE DRUG COMPANIES

Health Action International (HAI), a global network of health, development and public interest groups, is raising strong objections to a World Bank/IFPMA (International Federation of Pharmaceutical Manufacturers Associations) fellowship. In a letter to the president of the World Bank, HAI says: "The creation of this fellowship is likely to undermine the basis of trust between the World Bank and loan recipients and raises clear problems in regard to conflict of interest." The World Bank is the largest single financier of health programmes in developing countries. It has a stated commitment to cost-effective pharmaceutical policies based on the WHO Essential Drugs Concept.
USEFUL PUBLICATIONS

Agencies for development assistance
The fifth edition of a directory of international agencies which is developed specifically for church personnel involved in development is now available. Entitled "Agencies for Development Assistance - Sources of Support for Community based socio-economic or religious projects in developing countries", it costs US$50 plus US$10 for handling and airmail postage and is available in English, French and Spanish. A Proposal Writing Workbook is also available in English and Spanish at a price of US$6 inclusive per copy. Details: Mission Project Service, 662 Thompson Street, Watertown, NY 13601, USA.

Preventing infections
This new publication from AHRTAG provides guidelines to meet challenges in resource-constrained health settings. Called Practical guidelines for preventing infections transmitted by blood or air in health care settings, this 28-page illustrated booklet discusses the risks of blood-borne and air-borne infections to both carers and patients. The focus is on how to prevent transmission of hepatitis, HIV, and tuberculosis. Copies are available free to developing countries and for £5/US$10 elsewhere from AHRTAG, Farrington Point, 29-35 Farrington Point, London EC1M 3JB, United Kingdom.

World Vision policy
The global policy on health and healing of World Vision International has been published in the form of a booklet. It details policy on Health care; HIV/AIDS prevention and control; Child spacing and family planning; Health of girl children, adolescent girls and women, and Rational use of herbal medicine. It also provides a short statement on the biblical basis for health, healing and wholeness, World Vision's definition of health and background facts on the other four policy areas. The booklet is available free of charge from World Vision International, 6 chemin de la Tourelle, 1209 Geneva, Switzerland.

Toolkits for evaluation
Save the Children Fund, UK, has produced a guide for the assessment, monitoring, review and evaluation of the impact of a development programme on people's lives. Toolkits is a practical aid for development workers offering tools for participatory rural assessment (PRA) and logical framework analysis (LFA) which can be used at different stages of the process, and adapted to different situations. Toolkits is number 5 in a series of SCF development manuals. It is available in English only at a price of £6.95 plus 15% for postage and packing, write to: Publication Sales, Save the Children, 17 Grove Lane, London SE5 8RD, London SE5 8RD, United Kingdom.

LETTERS

Back on the mailing list, please!
I must have been on home leave when you asked readers to confirm that they wished to remain on the Contact mailing list. Could you please put me back on the mailing list for the French edition? I am responsible for a group of nurses and use your magazine in order to attract their attention to different issues. I like your articles very much. They are helpful in motivating staff to see not only the patient with his or her illness, but to think in a much broader context. I particularly liked the issue on: "L'infirmière, une richesse pour la communauté" ("Nurses: A resource for the community") from a few years ago. I am looking forward to receiving the last four numbers of 1995 as they treat subjects of interest to me.

Major P J Verstoep
Salvation Army Health Centre
Port au Prince, Haiti

Anti-AIDS village committee
Tipone is a village-based anti-AIDS committee which is committed to helping slow the spread of AIDS in our tiny village in the northern mountains of Malawi. The committee is made up of people from every sector of the community, including traditional leaders, civil servants, and unemployed mamas. Tipone has been very successful.

As part of the anti-AIDS initiative in Mpherembe, Tipone, work has begun on the
development of an AIDS Resource/Counselling Centre combined with a Community Library. The goals of the project are:

1) To increase the awareness of HIV/AIDS within the community;
2) To provide a space for workshops designed to teach people behavioural changes needed to prevent infection with HIV;
3) To decrease the rate of illiteracy among women of the village, and
4) To provide a general library for the community and its students.

Would you please send us any and all resources that you have concerning AIDS, human sexuality, and related topics? Your help is really appreciated by the members of Tipone. Thank you for helping us in our fight against AIDS. We wish you luck in yours!

Tana Bevenwyk
US Peace Corps Volunteer
c/o Tipone Anti-AIDS Committee
Mpherembe AIDS Project
Mpherembe, Malawi

We sent our congratulations to the Tipone anti-AIDS committee along with copies of our publications on HIV/AIDS including: What is AIDS, Learning about AIDS, A guide to HIV/AIDS pastoral counselling, and Participatory Action Research on AIDS and the community as a source of care and healing.

We have set up the Health Education Library for People (HELP), India's first consumer health education resource centre, in order to empower people by providing them with the information they need to promote their health, and prevent and treat their medical problems in partnership with their doctor.

We have a collection of 5,000 consumer health books, 10,000 pamphlets, and many magazines and newsletters. Our library catalogue is computerised and we have an Internet connection so that we can provide information on the latest medical research from all over the world.

We are a public library — everyone is welcome! We charge a nominal amount of 5 rupees per visit and a company membership fee of Rs 7,500 per year. We have just opened our doors to the public: we get about 5-10 users a day. We are requesting doctors to refer their patients to us — and hope that doctors will use our services increasingly. Since this is a new concept, we think it will take some time before the idea catches on. Funding is still a problem. We are unlikely to become self-sufficient since we have priced our services to make them affordable for the average citizen.

Aniruddha Malpani
Malpani Day Care Surgery
Mumbai, India

We received our copy of Contact 145 on "Tackling malnutrition" and thank you most sincerely for mentioning our action in the reconstruction of our country. We hope this article will help to promote our group and create good working links with other organisations.

We take this opportunity to send you copies of several reports on our activities in the field of primary health care. We would also like to inform you that in view of the scale of our activities in community health development, we have set up a public health department within our association. We hope that this department will link up with other health structures in Angola and abroad.

Antonio Lutfu Kiala
Christian Youth Association of Angola (ACJ)
Luanda, Angola
ANNOUNCEMENTS

Thanks to Essential Drugs Monitor

The wonderful cartoon included with our evaluation report in Contact 149 was adapted from one which was originally commissioned for WHO’s Essential Drugs Monitor. We would like to thank the Essential Drugs Monitor for allowing us to use the cartoon. For details about the Essential Drugs Monitor, write to Ms Daphne Fresle, Technical Officer, Action Programme on Essential Drugs, World Health Organization, 1211 Geneva 27, Switzerland.

Christian health care in contemporary world situation: the role of CHAs/CMAs

This is the report of the consultation of Christian Health Coordination Agencies held in Moshi, Tanzania in June 1995. It is available from Kofi Asante, CMC - Churches’ Action for Health, World Council of Churches, address below.

Death announcements

It is with great sadness that we announce the deaths of two people who have made important contributions to international community health and as well as to the life of the World Council of Churches.

Reginald Amonoo-Lartson, who was Associate Director of CMC until the end of 1988, died in July 1996. While with CMC, “Reggie” as he was known, played an important part in promoting primary health care, especially in the field of district management. When he left CMC, he returned to his home in Ghana where he worked as an independent health services consultant.

Darlene Keju-Johnson of Marshall Islands, who wrote Contact 140 on Youth and health, passed away in June following complications from the spread of breast cancer. She was 45 years old. Her husband, Giff Johnson gave her this tribute: “Darlene had a vision for the Marshall Islands and she acted on it. Empowering young people to have the knowledge and courage to stand up for what they believe is Darlene’s enduring legacy.”

Contact is a periodical publication of “CMC-Churches’ Action for Health” of Unit II, Churches in Mission: Health, Education, Witness, of the World Council of Churches (WCC). It is published six times a year in English, French, Spanish and Portuguese. Selected issues are also published in Kiswahili in Kenya. Following our recent mailing list review, present circulation is approximately 15,000.

Contact deals with varied aspects of the community’s involvement in health and seeks to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the first annual issue of each language version. Articles may be freely reproduced, providing that acknowledgement is made to: Contact, the publication of CMC-Churches’ Action for Health, WCC.

Editorial Committee: Kofi Asante, Eva Ombaka, Elinnda Senturias, Margareta Skjold and Diana Smith; Editor: Diana Smith, Design: Michel Paysant. Printed on recycled paper by Imprimerie di Libri. Mailing list: Fernande Chandrasekharan. All correspondence should be addressed to: CMC WCC, P.O. Box 2108, CH-1211 Geneva 3, Switzerland. Tel: 41 22 791 61 11. Fax: 41 22 791 03 31. E-mail: dgs@wcc-coe.org

The average cost of producing and mailing each copy of Contact is Swiss francs (CHF) 4 (US$5.50), which totals CHF 24 (US$31) per year for six issues. Readers who can afford it are strongly encouraged to subscribe to Contact to cover these costs. Please note that orders of back issues of Contact are also charged the above rate.