HEALING COMMUNITY

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Caring is part of the cure!
What is a healing community? In our introductory article, David Hilton, a former CMC staff member, identifies it primarily as an environment in which people feel accepted and loved unconditionally.

The concept of a healing community is based on the belief that health is not only a medical issue but also a matter of justice, peace, integrity of creation and spirituality. This becomes clear when we consider that poverty is the number one cause of disease; that conflict, violence and abuse of human rights has made “wellness” impossible for many people, and that brokenness, in the sense of spiritual and mental imbalance and distress, is major indirect cause of illness and death. Take for example many people’s choice of destructive lifestyles including drug abuse, drinking, smoking and even suicide. We become self-destructive as a result of our inability to deal with the strains of modern life.

The local experiences described in this issue of Contact represent attempts at building healing communities. They are initiatives which attempt to deal with one or more of the non-medical causes of health.

For example, the article on poverty by Erlinda Senturias, executive secretary for health with CMC - Churches’ Action for Health, describes how participatory action research can help stimulate income earning and reduce gender discrimination through a strategy of community building.

Brokenness – as a result of addiction to heroin and cocaine, for example – can also be mended, at least in part, through involvement in a healing community. In the article on page 8, Ricus Dullaert of the Council of Churches of Amsterdam argues that by offering to care, listening and providing religious services and rituals, it is possible for drug addicts to restore relationships with family, former friends and God. Two other short reports from Europe celebrate the contribution that congregations can make to healing and community development.

Finally, an article from South Africa by Michael Lapsley (see page 13), who was severely injured by a letter bomb in 1990, describes how to heal the wounds that memories of conflict and violence leave in the mind. He organizes workshops in which people are given an opportunity to come to terms with the past. He says that the process allows those who participate to “take one further step along the road to healing.”

We hope that everyone who reads this issue of Contact will be encouraged by learning what can be achieved in the process of building healing communities. If you have experiences or ideas to share on how to make our communities ones that heal and care, do write and tell us about them. We shall do our best to publish them.

Diana Smith
Editor
CURING, HEALING AND COMMUNITY

The medical model has not been able to eliminate ill-health and suffering even in the affluent industrial countries. David Hilton, formerly with the World Council of Churches, highlights some of the reasons for this failure and describes how the caring relationships of a healing community can promote health and well being.

Traditional healers in all parts of the world have for centuries routinely inquired of their patients about alienation in relationships which might be the underlying cause of their illness or accident. They have dealt with sickness by facilitating the restoration of those relationships in true healing fashion. In this century, knowledge of anatomy and physiology has increased, and medical scientists have led us to scoff at this “superstitious” practice. However, modern medicine is beginning to see how important good relationships are to good health.

Relationships
All humans have a deep need to belong, to be accepted and to be loved. As a result, we try many ways to persuade God and those around us to love us. But the Bible says: “This is love: not that we loved God, but that he first loved us.” Once we have learned through Jesus’ teaching and example that God loves us exactly as we are, we are freed, not only to love ourselves, but to truly love others.

Jesus said we must love God with all our heart, soul, and mind, and love our neighbour as ourself. To the extent that we, in our imperfection, can do this we begin to find true community and health.

The immune system
Recently, medical science has started to recognize the importance of good relationships. There is a new understanding of the source of health and healing from studying the immune system. This highly complex body system prevents unfriendly substances from destroying our health.

Using laboratory tests to measure the strength of the immune system, scientists have discovered that many factors can suppress the immune system and make the body susceptible to disease. Reports in the scientific medical literature have shown that the immune system is influenced greatly by relationships, feelings and beliefs. Many studies have revealed how anger and resentment weaken the immune system and that loving relationships strengthen it.

The immune system protects not only against infections but also against diseases such as cancer and some
forms of heart disease. Cancer, which is the uncontrolled growth of body tissue, develops as the result of the suppression of the immune system. While abnormal cells develop frequently in all persons, the normal immune system is able to recognize these and destroy them. Only when the immune system is weakened does the cancer, an immunosuppressive disease, develop.

The immune system may be weakened by many things. For example, HIV affects the immune system as does smoking, exposure to harmful chemicals and chronic physical stress from overwork. However, we also know that chronic emotional stress such as anger, guilt or hopelessness affects the immune system.

As our understanding of the importance of emotional stress grows, it is becoming increasing clear that the medical model separating “psychosomatic” and “real” disease is inadequate. To be effective in healing and curing, a health care system needs to treat the underlying causes of ill-health as well as biological factors.

Curing and healing
A report from India tells of a man who was injured by an automobile while riding his bicycle. He was taken to a hospital where he received excellent medical and surgical care until his broken leg was mended. Upon his release from the hospital he obtained a gun and shot the driver of the automobile. This man was cured, but he also needed healing.

A medical doctor usually treats a patient with pneumonia using antibiotics to destroy the bacteria that are causing the infection. He rarely tries to investigate what allowed the bacteria to enter the body. True healing would involve correcting the stress or distress that has compromised the immune system.

It is often possible to identify underlying vulnerability. In one investigation, psychologists were able to predict whether a person would develop cancer solely on the basis of psychological profiles. With 88% accuracy, they were able to say which persons arriving for the first time at a university clinic would be diagnosed as having cancer and in what part of the body the tumour would be detected. Presumably these cancer patients were given standard treatment with surgery, radiation, and chemotherapy. Many were undoubtedly cured. However, attention to the underlying causes recognized by psychologists might also have brought healing and well being.

A warning
As with any human endeavour, there are dangers in applying this model of healing. One danger is to give the impression that our approach to healing can produce perfect health. This side of heaven there will always be suffering. We need to learn to live with it, to accept it and to grow with it. At the same time, we need to do what we can, with the knowledge that we have, to alleviate it.

Another danger of this model is that it might encourage a tendency to blame the victim. If ill health is the result of poor relationships and emotional stress, a sick person might be made to feel guilty of having caused his or her own illness. The person may believe that he or she has not adequately dealt with life’s problems. Understood correctly, it should be clear that it is not the patient who has failed but the rest of us. We should have created a healing community.

Healing community
It has long been known that cancer occurs more frequently in persons who have suffered a major loss during the previous two years than in those who have not. What new research has shown is that if those persons are a part of a caring community the risk of developing cancer is greatly reduced. This information impels us to try and identify the mechanisms by which groups can move toward becoming this kind of healing community. We need to know the
characteristics of the many healing communities that are already on their journey. We can also learn from the gospel stories in the Bible.

In his letter of advice to early Christians, James wrote: "Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed."

Here we can see that the early church combined anointing with oil, the most commonly used medicine of the time, with confession of sin to facilitate the healing process. In this context, confession of "sin" means confession of "trespassing" in the sense of intruding into someone else's life in a way which is unwelcome. Most of us get "out of bounds" in one way or another every day. When they take the gospel seriously, church congregations should be the kind of communities where a safe climate for openness and honesty exists. Rather than feeling intruded upon by others, the members of the community would feel supported and encouraged to share our true inner selves in a way that is healing.

A CMC/WCC twelve-year study on health and healing, many examples of church healing community were reported from around the world. These are described in the publication, "Healing and wholeness: The churches' role in health," (details on page 16). This issue of Contact contains stories of more recent models.

**Conclusion**

Few of us live up to the expectations we set for ourselves, much less to the expectations others have of us, and even less to those that God has for us. However, if we could all be part of a healing community, it would help each of us a great deal. It would require an environment in which each of us was accepted and loved unconditionally. It would involve acceptance of the new findings of medical science and a revival of the old understandings of traditional healing. It would also require faith in the gospel.

Health is not simply the absence of disease but a dynamic state of growth towards well-being. It is a journey to be made throughout life and even in death. Questioning of the medical model is growing. It is clear that there is much more to health than biomedical and technological achievement. The challenge for us all now is how to develop our communities as ones which heal and care. If a more "healing community" could be achieved, I feel confident in predicting that the burden of human illness could be reduced remarkably.

Dr. David Hilton now works as a denominational and congregational health consultant. He was responsible for the production of the Lafiya Guide, a congregational handbook for whole-person ministry. It is available from Customer Service Department, Church of the Brethren, Association of Brethren Caregivers (ABC), 1451 Dundee Avenue, Elgin, Illinois 60120, USA.
POVERTY

FINDING SUCCESS AGAINST ALL ODDS

World Council of Churches executive secretary for health Erlinda Senturias says that her experience has shown that where the poverty and injustice exists, the church can create and must strive to healing communities.

Poverty is the world’s leading cause of death,” according to a recent World Health Organization report. It indicated that one fifth of the 5.6 billion people in the world live in extreme poverty, that almost a third of the world’s children are undernourished, and that half the global population lacks regular access to the most needed essential drugs.

The accuracy of estimates on HIV infections and AIDS cases are often contested. However, the final report on the status and trends of the global HIV/AIDS pandemic showed that in mid-July 1996, an estimated 21.8 million adults and children worldwide were living with HIV/AIDS. Close to 19 million cases were in sub-Saharan Africa and in South and Southeast Asia.

In the face of this reality in the world, how can our churches become healing communities? Working in the World Council of Churches (WCC) has enabled me to follow and accompany many health projects and programmes run by Christian agencies and churches. Some have shown useful and innovative ways to meet the challenges of poverty and ill-health in our world today.

Inspiration from Africa
One of my experiences with WCC has been the process of accompanying the Uganda Protestant Medical Bureau and the All Saints Primary Health Care programme in participatory action research (see box). In 1992, when the idea was introduced, the initial objective was to look into the ways in which communities care for orphans. However, once discussions with the various communities and community organizations began, we realized that we needed to change the objectives as the programme.

For example, the people of Kagoma, a rural community in Jinja, Uganda, felt that their priority problem was not the AIDS orphans but poverty. They therefore chose to start by setting up income generation schemes in order to support the needs of their families. Soon, however, they decided that if they were going to get to the root of the problems of HIV/AIDS in their communities they needed to go into in-depth gender analysis. After all, it was women’s need for money to feed their families which often led them to accept unwanted sexual relationships. At the same time, the
additional burdens involved in looking after people with AIDS was putting women under extra physical and financial strains.

The discussions on gender issues which took place concentrated on the adverse effects of women’s powerlessness in family decision-making. It also highlighted their lack of power in relation to owning property and inheritance. The women and men involved in the process of gender analysis became so convinced by it that they launched a gender balance movement. Through this initiative they aimed to bring attention to gender issues.

During my visit to Kagoma in June 1995, I met people who had been part of the PAR process and learnt something of the benefits it had produced. Participants proudly introduced me to vibrant income-generating projects. Women pointed out the bricks they made and sold to local construction workers. The smiling men led me into their tailoring, bicycle-repair and house-building workshops.

The women told me that as a result of the gender balance movement, some of the frustrations and injustices they used to face had now gone. For example, widows are now more likely to be able to claim the property of the dead husband. One widow had won the right to her dead husband’s lorry as a result of community action on her behalf.

The gender balance movement had also helped women to reduce the level of domestic violence in the community. In the past, there had been a tendency to ignore the sound of a wife being beaten in a neighbouring hut. Now, when community members hear these sounds they are expected to go and bang on the walls of the house until the beating, often the misbehaviour of a drunken husband, stops.

In my experience in Africa and elsewhere, participatory action research has proved itself as a model for working with communities. It links people to one another and encourages them to make the most of existing resources in their communities. The approach allows time for the process of problem identification and analysis, and affords communities the opportunity to experience what it really means to develop their own objectives, plans and actions.

Ultimately, the orphans in Kagoma also benefited from the participatory action research process. The schools have taken in the orphans who are old enough to attend, and teachers have challenged wealthier families to provide funds or rooms so that the community can take care of pre-school children who have lost their parents.

Lessons learnt
What are the lessons the church can learn in order to create healing communities? Most important of all is that the churches recognize that it is possible to reduce poverty using health as an entry point.

In practical terms, we need to adopt strategies that are made with the people. We must be prepared to develop the agenda through discussion with the community. If we go to the community with an agenda of our own, we must be flexible enough to change our ideas if the community sees that it is not what they need. Church communities must learn to listen and to adjust to the expressed need of the people.

We also need enough time to listen. The people themselves are the source of their own empowerment. Often those supporting projects expect a miracle after three years. In reality, programmes need to be sustained for a longer period.

Finally, we must work together to create the necessary political will for global action against poverty and ill health. We must challenge the policies of our governments and agencies. We must complement each other rather than compete, and every local congregation, church structure and denominational body must not only make health a priority but also create its own space for healing and wholeness.

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AMSTERDAM: THE CHURCH FOR DRUG USERS

During the same period, the Council of Churches of Amsterdam established a small task force on drugs and pastoral care. Its members comprised mainly of the individuals who were already organizing "Sunday Celebrations"—small meetings with drug users providing an opportunity to share experiences, read the Bible and discuss the word of God. These meetings became more popular as fear of the effect of the AIDS pandemic grew. By addressing the anxieties and spiritual needs of drug abusers, the Sunday celebrations were soon attracting 30 to 40 people each week. Volunteers found themselves inundated with requests: "Can someone visit me when I am in prison?" "I have HIV. Who can I speak to about the crisis I am in?" "I have to go into hospital. My family doesn’t want to come and visit me. Could one of you come and visit?"

The growing list of requests to the volunteers were taken to the task force and ultimately it was decided that a specific pastor for the drug users was needed. Funding was found and I began work on 1 January 1990.

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The first thing I did was to get together with the six volunteers responsible for the Sunday celebrations. We decided that my priorities should be to strengthen the already existing ministry, to ensure that the Sunday celebrations were held regularly each week, to provide support to the team and to start a ministry specifically for drug-users infected with HIV.

I considered it very important to get to know the way of life or "scene" of drug users. The community of hard-drug users has its own sub-culture with its own meeting places, language and life-

Ricus Dullaert is the Ecumenical pastor to drug addicts in Amsterdam. He says that the caring, listening and rituals offered by his church is all it takes to build a healing community.

Amsterdam, like many other large cities, has a large community of drug users. Heroin became very popular in the early 1970s followed several years later by cocaine. Today, there are 7,500 hard-drug users, approximately 2,000 of whom inject drugs intravenously. Around 1,000 of those who use heroin or cocaine are HIV positive.

The churches in Amsterdam have been involved in advocacy and support for addicted youngsters for many years. An ecumenical project, known as "The Rainbow", pioneered much of the early work. Today, it coordinates a large group of volunteers in providing advice and support services, needle-exchange for HIV-positive intravenous drug users and a daily coffee corner.
style. Entering this world, it was vital to show respect. Many drug users look poor, dirty, unattractive and even disgusting sometimes. However, the bible tells us that each human being is an image of God. Anyone who wants to work with drug users needs to remember that every person deserves both respect and acceptance. Those addicted to drugs have often already had many visits from preachers who “know the truth” but refuse to accept drug users as they are. I try to come to them as someone who cares, someone who wants to learn about their lives, and someone who wants to share experiences, pain, fears, hopes and beliefs.

Much of what I have learnt about the lives of hard-drug users has come from being part of the Sunday celebrations. The coffee times before and after the services are a gold mine of contacts and information. Nowadays, we have 50-70 visitors every Sunday with ten or more new faces showing up each time. Probably most of the drug-users of Amsterdam have now visited the medieval cloister in the red-light district where the services are held. The venue attracts people not only because it is in the heart of the hard-drug scene but also because it is a beautiful and spiritual place.

Another source of contact with hard-drug users is through my volunteer work at a parlour for street prostitutes. Set up by five Roman Catholic nuns and now run by volunteers, this cosy centre is somewhere for female prostitutes to meet and chat. By working there twice a week, I have got to know almost all the heroin-addicted prostitutes of Amsterdam.

Problems?
My problems had nothing to do with keeping the church facilities calm and safe. From the start, the drug users themselves became responsible for their facilities. They knew that if there were fights or if the church became a place where drugs were used or sold, the programme could be closed down within a few weeks.

Nor was it difficult to offer religious services which were acceptable. I have always made it clear that it was not I who had the faith or knew the truth. I believe that we are a community of stumbling believers who together try to come nearer to God. Most often, either one of the volunteers or I give a short homily (informal sermon) at the beginning of each service, attempting to connect the Bible with the daily life of the drug scene. After that, we have a 20-30 minute discussion on what the preacher of the day has put to the community.

In fact, rather than having problems in my work, I have been overwhelmed by the positive response and the trust hard-drug users have been willing to place in me. I have also had the joy of discovering that each of them has a strong and undamaged side to which I can appeal. However, most of the people I talk to do have heavy burdens to carry. Behind their addiction are stories of sexual abuse, being unwanted as a child, parental divorce and being told to leave home by the new father or mother, a childhood spent in a children’s home, and so on. Sadly, trying to find an escape in the world of drugs has often made their lives even worse. Many are ill, some are infected with HIV and approximately one in five are homeless.

The real problem for me, both personally and as a pastor, has been my inability to solve any of the financial, housing and health problems these people face. All I can do is to listen, share the pain and try to mobilize the spiritual powers of those I speak to in

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order to enable them to fight for themselves. I try to offer this space as widely as possible. I go to the prisons where people with AIDS are spending their last lonely days. I spend time with people who are losing their sight, their mental powers, their ability to walk. Most of the people I visit are lonely and afraid. I can offer to share the pain, make them less lonely and help them to speak to God about it. If they can find their way back to God, they will not be alone any more.

I am well aware that I cannot build a healing community alone. We already have two groups of six volunteers doing pastoral work in the community, and a third group is currently being trained. Another twelve volunteers assist me in the organization of a Sunday celebration every week, and two others produce a three-weekly magazine about drugs and pastoral care.

Rituals
The work does not only include caring, listening and the Sunday celebrations. We also have rituals which can often express far more than words ever can. We offer baptism, funerals and an annual pilgrimage to Lourdes in the south of France, where the memory of a candle-lit procession and a final blessing for the sick stays with the hard-drug users long after they are back in Amsterdam.

Many of the drug users have never been baptised. Some want this, particularly once they become sick with AIDS. When drug addicts are ill, our contact with them often intensifies because they want to rapidly restore relationships with family and former friends. Some want to restore a broken relationship with God and chose baptism as a visible sign of their restored commitment. Baptisms take place during the Sunday celebration in the crypt. I have seldom experienced such moving liturgies as during these services. The person who wishes to be baptised begins by describing to the community of drug users attending the Sunday celebration why he or she has made this decision. The person, who is often ill and weak, then announces his or her own baptism promise. Finally, I baptise with water, salt and oil, and give a lighted baptism candle to mark the conclusion of the ritual. At that moment, the whole crypt is filled with silence and concentration.

The best funerals have been the ones attended by as many friends as possible. Often, the buddies who are themselves drug addicts carry the coffin to the grave. I do my best to give as lively an "In Memoriam" as possible. The blessing with holy water and incense, the flowers thrown into the open grave, the music, the bible verses and the prayers all help to make a beautiful farewell.

Building a healing community
To me, a healing community is not a question of organization. It is simply creating an opportunity to allow God's healing power to be present. It means sharing the faith that is already in our hearts.

The church of the hard-drug users in Amsterdam provides all those involved with an opportunity to share joy, suffering and belief. This in itself builds community. One addict told me recently: "Here, I can show myself without my daily mask, here, I can speak about something other than money and drugs." For some, the Sunday celebration is the first place in which they are able to speak about their HIV infection. Our church also brings healing and restore broken relationships. Through our caring, listening and rituals, many have found it possible to regain their peace with God.

Pastor Ricus Dullaert, Dveroek No1C, NL1013 GE Amsterdam, Netherlands.
GERMANY: STORIES FROM NUREMBERG

As a student, I wrote a thesis on the role that a priest or pastor, working closely with his or her community, could play in healing. During the past three years, I have been attempting to build a development programme with the help of my congregation in the western part of Germany. We have used the community-based approach.

Although many people are cynical about what church congregations can do in a fast-changing society, I feel that this attitude is wrong. Our church council, some of our different church groups and our church membership have been willing and able to prioritize problems, and then to plan and take action. As a result, we have been able to achieve something. The following two stories are examples of our efforts.

Moslem refugees
In 1992, many refugees came to Nuremberg as a result of the war in Bosnia (ex-Yugoslavia). Many people living in Nuremberg are themselves refugees from eastern Europe and know what it was like to be without home and hope. First, our church council agreed that we would provide accommodation and support. Next, our congregational club for elderly people agreed to provide rooms in the parish centre. As a result, 12 refugees lived in our congregation for several years.

It was a very intense time, but also a time of friendship. The women of our congregation held prayer worship for

peace in which the mostly Moslem women refugees took part. We all collected money for the refugees, and for the people in Bosnia. We also collected food items, decent clothes and carefully-selected medical supplies. Once there was enough to fill a 12-ton lorry, we began the risky journey to Tuzla where we handed over what we had to share to Nasa Dijeca, an organization working with children.

Hubert
Believing that it was important for people to have somewhere to pray or spend some quiet time, we opened our small, 650 year-old gothic church each weekday. A homeless man called Hubert came to the church, day after day. Then he came to the service in the evenings. He began to get into conversations with members of the evening-prayer team. Soon, he was receiving invitations to Sunday lunch. It was a new experience for many of us to meet someone who was homeless but with his help we learned quickly. We helped him find an apartment through the church’s homeless agency, and although Hubert’s new home was in a different part of town, we visited each other and he continued to come to some of our services. Several months ago, Hubert fell ill with cancer and died. Although the government welfare office pays for the funerals of poor, homeless people, the pastor is often alone at the ceremony. Not so in the case of Hubert’s funeral. It was a beautiful and impressive affair. Members of the evening-prayer team took part in it and brought flowers to put on his grave.

Dr Paul-Hermann Zeilfelder-Held

Young mothers taking part in a first-aid course.

Different church groups have been willing and able to take action.

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SWITZERLAND:
RICH BUT NOT NECESSARILY HEALTHY

After several years with a mission organization, I joined the country congregation in Burtigny-Bassins Le Vaud in 1989. My church forms part of a beautiful landscape overlooking the lake near Geneva. Soon after my arrival, the deacon of a nearby hospital, who is also a good friend of mine, asked me to help create services for “all who labour and are heavy laden” (Matthew 11: 28).

As a first step, we organized a group of eight clergy and 12 lay people, including several working in the caring professions. A major source of inspiration came from the reflections of Walter Hellenweger, a former staff member of the WCC’s Commission on World Mission and Evangelism. We now offer services three times a year to about twenty congregations in our area. We feel that this programme is responding to immediate needs, as well as building the beginnings of a healing community.

Is there a need for a healing community in the so-called First World? Definitely! It is very hard in this materialistic world to find sense in life. Some people are overloaded with work and the stress of modern living; others are struggling with unemployment.

I believe that Christ’s mission is to heal humanity completely and in a holistic way. The message of the gospel is that of restoring the whole being, and it is meant for the whole of humanity. What tools do we have to build a healing community? We have the Word, the Eucharist and we also have the ritual of anointing. All three of these can be addressed directly to “all who labour”.

The Word is the more intellectual approach while the bread and the wine of the Eucharist is a symbolic way of accepting Christ into our bodies. The ritual of biblical anointing has recently been rediscovered. It allows the feeling that the Lord wants to heal us to be communicated without anyone saying a word.

One young woman who has experienced difficulties said: “For me, the oil is like something healing my wounds. It gives me peace, joy and strength.” Someone else told me: “I’m healed” after her first anointing.

Not everyone finds peace easily. A young man suffering from cancer is now physically better but psychologically he is still not in good health. He needs a great deal of care from his wife, doctors, friends and prayer groups and all will continue to support him in this way.

Complete health is not of, nor for, this world. The action of the Holy Spirit escapes the perception of all of us. However, many participants in the prayers feel a divine benediction and gain the freedom and strength to work on their healing process.

Today, many different healing communities exist all over Switzerland. Last year, the Swiss Federation of Protestant Churches published a survey of healing communities in this country called “The word became flesh”. It strongly supports the involvement of the church in building healing communities pointing out that this mission might help men, women and even children to find their integrity (wholeness).

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HEALING OF THE MEMORIES
IN SOUTH AFRICA

How are the South African people managing to come to terms with the atrocities of the past? Father Michael Lapsley, who lost both hands and an eye as a result of receiving a letter bomb, believes that "forgiving and forgetting" will not be enough to heal the wounds.

A few nights ago I visited a friend’s house in the early evening. She was watching television. “Are you not watching the programme about the Commission for Truth and Reconciliation?” I asked. “No,” she replied, “It is too painful.” As South Africans, how do we respond to the reality of what we have done to each other in the past? Some would say, “Let bygones be bygones.”

During the last few years of apartheid rule the government talked frequently of the need to forgive and forget. It became a kind of incantation repeated in such a way that it sounded like the eleventh commandment.

I believe that South Africa proceeds on two pillars. The first pillar is that of reconstruction and development. It is the task of providing jobs, housing, water, electricity, education and health care to the nation, particularly to the black majority who have never enjoyed these facilities. The second pillar is that of coming to terms with the past. Both pillars are entwined. People who are filled with hatred and a desire for revenge will not build a beautiful society. If people do not experience a better life, they will become increasingly cynical about the little they have gained for all the sacrifices they made.

South Africa could have taken the route of pretending the past had not happened. It could have sought to bury the past. History is full of attempts people have made to bury the past. No society has yet succeeded. The generals of the old order were particularly keen that the slate should be wiped clean without telling us what was on the slate.

Shredding machines were in great demand when it became clear that power was going to change hands in South Africa. At the negotiating table, the generals indicated that unless there was amnesty there would be no negotiated settlement. What the generals had in mind was that there should be general and blanket amnesty. The negotiators for the African National Congress (ANC)
resisted an agreement to the specific form of amnesty but did accept an amnesty for political offenses arising out of conflicts of the past.

The Truth Commission
Today in South Africa there is a Commission for Truth and Reconciliation with 17 Commissioners. It is lead by Archbishop Desmond Tutu, recipient of the 1984 Nobel peace prize and president of the All Africa Conference of Churches. The Commission has initiated a process of helping South Africa to find out the truth of its past. It was set up to:

- establish as complete a picture as possible of gross human rights violations
- establish the fate or whereabouts of victims and restore their human dignity
- grant amnesty
- compile a report and make recommendations so that our past does not repeat itself.

Every night on South African television the nation watches and listens as relatives of victims and survivors tell the story of what they have undergone. Never again will it be possible for the South African public, and in particular the white community, to say: “We didn’t know”. Some people, like my friend, watched for a while but found it all too painful. For many people what is portrayed on television provides a mirror which confronts them with their own story.

South Africans are finding that the process of establishing the truth about their own history is scary. They are also finding that helping people to become reconciled is far from easy. However, it is an important process if we are to put the past behind us and move forward without becoming prisoners of pain, anger, hatred, bitterness or a desire for revenge.

The Truth Commission (as it is popularly known) only hears the cases of gross human rights violations which took place between 1960 and 1993. These have been defined as severe ill-treatment, torture, murder and attempted murder. However, every South African has a story to tell about the apartheid years. It is the story of what we did, what was done to us and what we failed to do. Any of us might say: “I know I should have stood for the truth but I was too scared. What would have happened to me if I had spoken out?”

Letter bomb
In April 1990, I lost both my hands and an eye when I survived a letter bomb attack at my exiled home in Zimbabwe. The prayers and love of people around the world was the vehicle God used to enable me to make my bomb redemptive: to bring the good out of the evil, the life out of the death. I realized that if I was consumed by anger, hatred, bitterness and desire for revenge, that these feelings would destroy me. I would be a victim for ever.

Ever since the talk of a truth commission began in South Africa I have been concerned more about those who would not appear before the Truth Commission that those who would. While the Truth Commission was debated in our parliament, the public discourse was peppered with references to spiritual categories. There was talk of truth, reconciliation, justice, forgiveness, remorse, repentance and reparation. It was fascinating to observe that it was the political rather than the religious
leadership which made the running in this discussion.

My own participation in the struggle for liberation had taught me that spiritual categories like hope, faith, commitment and sacrifice were fundamental to the fight for justice in South Africa. On my return to South Africa after 16 years as part of the exiled community, I was seeking to discover ways in which the inherited wisdom of faith communities could be brought to bear in the new task of healing the memories of the nation.

**Trauma centre**

Today, I work as a chaplain to a Trauma Centre for Victims of Violence and Torture. A group of us developed a workshop model which would give anyone who wished to join an opportunity to wrestle with the apartheid experience and take one further step along the road to healing. Essentially each workshop is an individual and collective journey of exploring the effects of the apartheid years on us. The journey which I have travelled gives me a particular role. The emphasis is on dealing with those issues at an emotional, psychological and spiritual level rather than an intellectual one.

During the workshop, time is given for individual reflection, creative exercises, and opportunities to share in a small group. With all the divisions and hatred which apartheid fostered, one of the great discoveries of many of the workshops is the depth of the common humanity which we all share. Arising out of the themes which have been expressed by the participants, a liturgical celebration is created which brings the workshop to a climax. Participants are encouraged to see the relationship between their own individual journey, Christ's journey and the nation's journey.

Healing memories does not mean forgetting the past. Rather it is a way of no longer allowing our memories to paralyse and destroy us. We need to find that which is life-giving and to put all that is destructive behind us. We need to find ways of preventing our history from being repeated, and of breaking the cycle of victims and victimisers that we have lived with for so long. These workshops are an attempt to assist victims to be victors, and to help all of us on the road to new life.

We have come to reject the idea of forgiving and forgetting. We have come to the conclusion that as Christians we are above all a remembering people. The Bible tells us to: "Remember when you were slaves in Egypt" and to "Do this in memory of me". The question is what kind of memory do we want? A memory which is redemptive, bringing good out of evil, or a memory which possesses and destroys us? We do want forgiveness, yes, but not something that is glib, cheap and easy. Rather, we approach the healing process with the biblical package which includes confession (acknowledgment of one's faults or crimes), contrition (remorse out of a sense of shame), repentance (an act or process of showing remorse for past actions), amendment of life (change for the better), and reparation (act or process of making amends).

![Participants draw a picture as a basis for sharing with their stories with each other.](image)

These workshops are an attempt to assist victims to become victors.

![During the workshop liturgy, people write down and then burn what they want to leave behind.](image)

Father Michael Lapsley SSM, Chaplain of the Trauma Centre for Victims of Violence and Torture, PO Box 13124, Sir Lowry Road, Cape Town 7900, South Africa. Tel: 27 21 45 7373, Fax: 27 21 462 3143. A book about Michael Lapsley's life entitled "Priest and Partisan" has recently been published by Ocean Press, Melbourne, Australia.
USEFUL CONTACTS

CMC - Churches’ Action for Health
World Council of Churches
PO Box 2100
1211 Geneva 2
Switzerland

Christian Medical Association of India
Plot no. 2, A-3
Local Shopping Centre
Janakpuri
New Delhi 110 058
India

Presbyterian Church (USA)
100 Witherspoon Street
Louisville
KT 40202-1396
USA

CMC - Churches’ Action for Health
CMC was founded in 1968 to assist the member churches of the World Council of Churches in dealing with questions being raised about the role of church in healing. During the late 1970s and 1980s, CMC undertook a 12-year study on health, healing and wholeness. The summary of the regional consultations are summed up in Healing and wholeness - The churches’ role in health published in 1990. Meanwhile, the health team has maintained close contact with a wide network of church-related health programmes. Many have been featured in Contact and these can provide useful materials in planning congregational and other community health activities. A full list of the themes of past issues is available free of charge, as are copies of the Healing and Wholeness booklet.

Christian Medical Association of India produces materials for Healing Ministry Week. The theme for 5-11 February 1996 was “Holistic health - Whose responsibility?”. The associated booklet provides bible studies and order of worship for the week, including a CMAI Day of Prayer and Healing Ministry Sunday. The booklet also provides suggestions on how to involve congregations in effective healing ministry. The programme is run by Rev Dr K G Daniel, the chaplain of CMAI.

Presbyterian Church (USA) has produced a resource pack known as “The Presbyterian Whole Health Catalogue”. It was developed by the Office of Health Ministries with the help of the Presbyterian Health Network. Of special interest is the “Parish nursing” programme which challenges the church to become communities of health and wholeness. Parish nurses, who are joining the staff of a growing number of congregations in the US, focus on the whole person in terms of physical, emotional and spiritual care and give great attention to the impact illness can have on the family and the congregation’s well-being. The approach is neither high-tech nor heavy on specialization and thus a useful model to share.

USEFUL PUBLICATIONS

Christian Aid
PO Box 100
London SE1 7RT
United Kingdom
Tel: 0171 620 4444 or 0171 928 0710
(24-hour anaphone)

JBU Bookstore
Jamaica Baptist Union
6 Hope Road
Kingston 10
Jamaica

Healing community addresses the vocation of the local congregation to become a place of healing in the world today. This can happen only when the church becomes an extended family whose members respond together to the pressing needs of society, according to its author Karin Granberg Michaelson. The book uses examples from Christian community life in different parts of the world, as well as gleanings from the 12-year study on health, healing and wholeness by the Christian Medical Commission (now CMC - Churches’ Action for Health), to demonstrate that community is a basic human need which the church can and must provide in a wounded world. The book is available in the Risk Book Series, WCC Publications. ISBN 2 8254 1039 X, 1991, CHF 15.00, US$7.95, £4.95 plus 20% for postage and packing. Visa or Master Card accepted.

The pattern of our days provides liturgies and resources for worship from the Iona community in Scotland, UK. The liturgies take the following themes: Pilgrimage and journeys, Healing, Acts of witness and dissent, and A sanctuary and a light. The book includes a selection of prayers, reflections and blessings, and is available from Christian Aid at a price of £7.99 (donations for postage and packing are welcome).

Whole-person healing is a basic guidebook for building a healing ministry in local churches. It describes the four basic principles of whole-person health, how to get started, services provided, working with local communities, networking with government, and hints on administration. It is written by Dr E Anthony Allen, a Christian psychiatrist and part-time consultant with the Bethel Ministry of the Jamaican Baptist Union. Dr Allen is also the author of Caring for the whole person. Whole-person healing is available from the JBU Bookstore at US$3.00 per copy (airmail postage and packing).
WAR-TORN SIERRA LEONE AFFIRMS CBHC

The work of the Church Health Association of Sierra Leone (CHASL) was featured in Contact 130 on "Coordinating Agencies". Despite civil war, this successful association continues to be convinced of the appropriateness of community-based health care. The following is extracted from the 1995-6 annual report compiled by executive director, Marion Morgan.

The 12-month period, May 1995-April 1996, has been very exciting and challenging. Although the rebel war continued throughout 1995, the atrocities that characterized it in the early stages started to subside in early 1996. Primary health care (PHC) staff were able to make visits to health care facilities outside the capital, Freetown, but regrettably, the number of hospitals and health centres closed as a direct result of the war increased. For example, the United Baptist Church hospital at Mattru was vandalized and five United Methodist Church health centres were abandoned following rebel attacks. After the evacuation of the Danish staff, rebels launched an attack on the Kangahun Health Centre and national staff had to be relocated.

New foundations
Yet it was not all dark and gloomy. Freetown continued to enjoy relative calm and CHASL utilized the period to lay the foundation stone for the new building on 7 July 1995. With the new office accommodation, CHASL now has a conference room with equipment for training workshops and seminars. The new CHASL secretariat now has a permanent home.

The period under review was also quite hectic for the staff who were involved in the organization of five primary health care workshops – two on community-based health care and development, two on leadership training, and one on trauma healing and reconciliation.

The urban primary health care programme has made remarkable strides during this period. Though it was difficult to travel, growth monitoring by the facilitators continued in spite of threats of more rebels attacks. The primary school, which was a community effort, has on its register 53 pupils (30 girls) and teaching has continued in spite of all odds.

As we try out community-based health care (CBHC) in the communities, we become more and more convinced that this is the best way to sustainable health. We continue to urge members to adopt this approach and are happy to report that members of the Baptist Mission, the Wesleyan Mission and the Catholic Mission in Makeni have already demonstrated their interest in CBHC. In the coming months we hope to support them in training and implementation of CBHC in their areas of operation. With the gradual return to safety on the roads, we hope to revitalize the Rural Programme, introducing skills that have been developed in the Urban Programme.

20/20 Oslo Declaration
Who says nothing comes out of international meetings? In a follow-up to the Summit for Social Development held in Copenhagen in 1995, seven developing countries and four north European countries have committed themselves to invest more money in assistance which benefits directly the poorest nations. In order to comply with their commitment to the so-called "Oslo-Declaration", Burkina Faso, Tanzania and Vietnam, amongst others, will have to spend 20% of government expenditure on primary education, health care, nutrition, drinking water and population programmes. In turn, the four donor countries, Norway, Sweden, Denmark and the Netherlands are committed to making 20% of their aid available for these purposes. A number of other larger countries, such as USA, France and Germany, have indicated their interest in implementing the 20/20 principle in due course.

We continue to urge (CHASL) members to adopt this approach.
USEFUL PUBLICATIONS

Global Communication - Is there a place for human dignity?
This book in the WCC Risk Series addresses the concern surrounding the concentration of power in the entertainment conglomerates. It discusses the implications for human freedom and dignity. ISBN 2 8254 1186 8. Price: CHF11.90, US$10.95, £6.95 plus 20% postage and packing. Visa or Master Card is accepted. Available from WCC Bookshop, World Council of Churches, PO Box 2100, 1211 Geneva 2, Switzerland.

Front-line hospital
This book tells the story of the Wesley Guild Hospital, a church-based hospital in Ilesa, Nigeria. It is the personal account of the hospital's development by Dr C Andrew Pearson who was the hospital's director for many years. The hospital achieved a great deal, yet it faced many of the recurring problems of missionary health services and district hospitals in developing countries. The book is a useful and important historical account of difficulties as well as successes. It easy to read and most enjoyable. ISBN 1 871188 04 0. Copies are available from the author at a price of £5.50 including postage and packing. Dr C A Pearson, 2 Springfield Road, Bury St Edmunds, Suffolk IP33 3AN, UK. (Dr Pearson is also the author of an article on medical training for community doctors published in Contact 125, pages 10-17.)

1996 WHO books
World Health Organization’s publication catalogue of new books in 1996 is now available in English and French. Of special interest is Cancer Pain Relief with a guide to opioid availability. This is a second edition of a guide which introduced a simple, yet highly effective method of the relief of cancer pain. It advocates the use of a small number of relatively inexpensive drugs, including morphine. Price: US$15.30 including packing and surface mail. For copies of the book or the catalogue (free of charge), write to: WHO, Distribution and Sales, 1211 Geneva 27, Switzerland.

New titles from TALC
Some recent titles from TALC (Teaching-aids at low cost) include Step-by-step surgery of vesicovaginal fistulas by Kees Waaldijk who was involved in a 10-year fistula surgery programme in a small hospital in Nigeria; Perinatal health care with limited resources by two obstetricians and two paediatricians is about how major scientific developments in perinatology can be applied using low cost technology, and a new African edition of Where there is no doctor. The three flannelgraph packs which form the Pictorial way of teaching health each contain a script and materials to make picture-by-picture flannelgraphs on: Family planning, sexually transmitted diseases and AIDS; Nutrition and child health (for village teaching in Africa); and, Hookworms, roundworms and tapeworms. Write to: TALC, PO Box 49, St Albans, Herts AL1 4AX, United Kingdom.

A book for midwives
This substantial handbook for community midwives and traditional birth attendants is practical, easy-to-use and full of drawings and useful charts and illustrations. The manual aims to help teach women and the community about pregnancy, birth and health issues with an emphasis on solving problems together. It is meant particularly for Africa, Indian sub-continent and the Pacific (The Hesperian Foundation have rights for North, South and Central America). The author is Susan Klein, a graduate in women's studies and midwife trainer. Contact Macmillan Education Ltd, Houndmills, Basingstoke, Hampshire RG21 6XS, UK (Fax: 01256 814642) for details of closest Macmillan office and current price.

Tuberculosis and children: The missing diagnosis
TB is very common in children but difficult to diagnose. AHRTAG has published a special 16-page supplement to Child Health Dialogue outlining the principles of tuberculosis control and providing clear guidelines on the detection, diagnosis, treatment and prevention of TB. It is free to readers in developing countries. For further information, please contact Coral Jepson or Mary Helena, AHRTAG, 29-35 Farringdon Road, London EC1M 3JB, UK. Tel: 44 171 242 0606. Fax: 44 171 242 0041. e-mail: ahrtag@gn.apc.org
As a lecturer at a teacher's training college in Sierra Leone, I find Contact very useful. For your information, I also have used extracts from the magazine to help me perform the following functions:

1. Taking part in a panel discussion on community health and hygiene on our local radio in Bo
2. Giving a health talk on the same topic to pupils at the Home Economic Centre, and
3. Chairing workshops and seminars at the Sierra Leone Red Cross Society, Bo Branch, for community-based first aiders.

My students have also used the magazine for writing their projects and dissertations in partial fulfilment of the award of the Teachers Certificate and the Higher Teachers Certificate.

Mr Med F B Tshombe  
Bo Teachers' College  
Torwama, Bo  
Sierra Leone

I thank you for sending Contact to us regularly. Every time we read your publication, we discover new things on different topics. For instance, in reviewing our women’s literacy programme we have been able to draw on ideas provided in Contact. We also find some articles to be useful material for our literacy project.

Pasteur Kibambazi Zhindula  
Bureau d’Alphabetisation  
Bujumbura, Burundi

We are a network of people’s organizations in Northern Philippines active in assisting and facilitating grassroots communities to free themselves from oppression and poverty and to secure their rights to live their lives in human dignity. Such initiatives from the people include people-centred programmes that address issues on poverty, gender and sustainable development.

Ferdinand P Gonzales  
People’s Organizations for Social Transformation  
Baguio City, Philippines

Please do write to Contact. We are particularly keen to receive letters indicating to us how you have used information and ideas gleaned from Contact.

Contact in Cyberspace?
Like many other church and non-governmental organizations, the World Council of Churches is making ever greater use of InterNet.
Contact's own e-mail address is given in the box below, and from now on more e-mail addresses of organizations featured in Contact will be included. Recently, two readers have asked that Contact be put onto the WorldWideWeb. This would mean that articles and illustrations could be downloaded directly from computer screens. If this would be useful to you, please send me an e-mail!

Ecumenical Institute Bossey
Programme 1997
Brochure describing the six sessions planned to take place at the Ecumenical Institute Bossey is now available. The 48th Session of the Graduate School of Ecumenical Studies will take the theme “Called to one hope: The Gospel in diverse cultures”. Those interested should write for a copy to: Ecumenical Institute, Château de Bossey (Vaud), CH-1298 Céligny, Switzerland.
Goodbye to Maga
After seven years with the World Council of Churches, Margareta Sköld has left CMC - Churches’ Action for Health to study at the London School of Hygiene and Tropical Medicine. All those who have had the pleasure of working with her know the depth of her reflection, her compassion and the commitment she brings to every new challenge. We wish her all the very best in her new venture. The following is a meditation which she said reflected her feelings about the time she had spent as part of the CMC team.

We struggled
We held out our hands and touched each other
We remembered to laugh
We went to endless meetings
We said no
We put our bodies on the line
We said yes
We invented, we created
We walked straight through our fears
We formed the circle
We danced

We spoke the truth
We dared to live it.

Miriam Simos, The Last Story.

May all of us at CMC - Churches’ Action for Health, Unit II, World Council of Churches, take this opportunity to wish all Contact readers a very Happy Christmas and all good wishes for 1997.