ENVIRONMENT AND HEALTH

No 156
August-September 1997

ENVIRONMENT AND HEALTH:
MAKING THE CONNECTIONS

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Making the connections
World Council of Churches

With the increasing exposure to environmental threats to life and health, how will they continue to survive?

I was recently in the Philippines where one day of heavy rainfall following typhoon Bining had raised the water level up to the waist, and in some areas, up to 10 feet. Blackouts, dead phone lines, and congested traffic were the least of the problems in the aftermath of the typhoon. The drainage systems were clogged; water became murky; food was contaminated; children became sick; 53 people died ...

Each day, as I made those daily trips to the airport, I saw how people strived to get out of the rubble and debris surrounding them — cleaning, rebuilding, starting once again. The day after the flood, everything was back to life — peddlers, hawkers, children ... vulcanizing shops, sari sari stores ... jeepsneys and buses plying their routes ... as if nothing happened. It was incredible!

But, perhaps, this is the dilemma. To some extent, the people's resilience hides the reality of the scope and impact of environmental degradation. Today, the people seem able to cope, but with the increasing exposure to environmental threats to life and health, how will they continue to survive?

In his overview, David Hallman writes about the future impact of climate on food production, economic security and the incidence of tropical and pulmonary diseases. Already, many children are suffering from various diseases resulting from radically changing climate patterns.

Drawing on his vast knowledge of the issue of accelerated climate change, David Hallman provides a broad analytical framework to guide the understanding of the complexities of the environmental problem. Indeed, environment and health are justice issues. Poor people, particularly women and children in many countries in the South, bear the worst impact of any intrusion into what used to be the harmonious order of creation. These have serious theological and ethical implications. David Hallman suggests some strategies for action which may be taken up at various levels.

Deborah Robinson, based on the study she conducted last year, writes from the perspective of the Ogoni people. The continuing extraction of oil, mainly by the Shell Petroleum Development Corporation, is causing severe environmental damage. People's protests are met with violence and human rights abuses. Ken Saro-Wiwa and eight other environmental activists were executed in November 1995, prompting international protests. Many others are forced into hiding and exposed to health problems. The stories from Ogoniland are moving testimonies of how greed and misuse of environmental resources affect the lives and health of ordinary people.

In Mexico City, an experiment sustainability succeeds and surpasses a large scale, heavily financed reforestation project. Education, community participation, use of local knowledge systems, self-reliance and maximization of local resources are some of the factors that helped achieve efficiency, effectiveness and sustainability of the local, small-scale project.

As we reflect on these developments, Simon Oxley accompanies us with his insights on the readings from Leviticus and the Psalms. We are reminded that creation belongs to God, not to us. We have the responsibility to relate justly with one another and with the environment.

We hope that these insights lead us into a response to environmental problems. It may be useful to be in contact with local organizations, churches and the World Council of Churches itself, all of which deal with various aspects of the issue (see page 17 for further information). Work on environment highlights the values inherent in different cultures. Very often, it is the cultural values that enhance relationships among people, and between people and other parts of creation.

Edna J Ortega
Executive Secretary
Education for JPIC
ENVIRONMENT AND HEALTH: ANALYSING THE PROBLEM

David G Hallman is a leading spokesperson on environment for the World Council of Churches. As programme officer on energy and environment for the United Church of Canada, he is also WCC co-ordinator of the Climate Change Programme. Here, he provides several approaches to thinking about health and the environment.

A healthy environment is essential for healthy human life - clean air for breathing, pure water for drinking, fertile soil or growing essential foods. We have much to learn about the interrelatedness of human well-being and the health of the rest of the natural world. Christian theology, with its historic emphasis on the superiority of humans within creation, has played a role in distorting our appreciation of the dependency we humans have on the environment. We have an important opportunity now to address this by building on the theological and ethical insights of the recent past about the connections of justice, peace and the integrity of creation.

The subject of "environment and health" provides one of the best illustrations of how interrelated are the social, economic, ecological and political dimensions of our societies in both developing and developed countries. Poor people with few resources for prevention and treatment are more likely to experience ill health than are the rich. Toxic waste sites which increase risks of various cancers and other diseases are located more frequently near poor minority communities than beside richer neighbourhoods. Women are more exposed to environmental threats in the home and the community than are men, and they have less access to resources to deal with infections and other diseases when they hit.
Developing nations are likely to be exposed to more of the consequences of climate change with the attendant health impacts than are the industrialized nations which are the primary source of the emissions leading to climate change.

Clearly, environment and health are not exclusively a medical problem. They also carry significant justice implications. That is an important understanding in terms of how the issues are analysed and what kinds of proposals are offered to address the problems.

A comprehensive description of the various interconnections between environment and health is a huge task and far beyond my personal capacity and the possibility of a short article such as this one. What I will try to do is to sketch a few frameworks which might be helpful in coming to grips with the complexities and discerning some directions for action.

**Three-tier analysis**
One approach to analysing the relationship of environment and disease is to look at the impacts of the environment at various levels, ie the immediate (eg in the home or workplace), the community (eg proximity to polluted rivers, urban air pollution), the regional/national (eg public policy on environmental regulations), and the international (eg issues such as climate change and ozone depletion and the role of transnational corporations).

In the immediate environment, shelter proves to be a significant determinant of health. Poor housing is associated with high accident rates, mental stress, inadequate water supply and sanitation, noise pollution, indoor air pollution from cooking and heating fires, and increased risks of infectious diseases such as tuberculosis. Many people have difficulty achieving adequate shelter whether in rural or urban settings.

At the community, regional and national levels, many environmental problems threaten health as a result of increased urbanization. Cities produce huge amounts of solid and liquid wastes which lead to environmental and human health damage when they become greater than the absorptive capacity of the surrounding terrestrial (land) and aquatic (water) ecosystems. In both urban and rural areas, access to adequate clean water is a growing problem.

**Definitions**

Aquifers — underground bodies of water
Aeroallergens — airborne substances that cause allergic reactions
Ecology — the study of the relationship of biological organisms to each other and to their surroundings
Ecosystem — the system of interacting organisms in a particular location or habitat
Freshwater salination — the contamination of freshwater by salt water
Ozone depletion — the reduction of the protective atmospheric ozone layer as a result of the emission of humanly-produced chemicals
Irrigation-dependent agriculture and exploding city populations and industrial activity is drawing more water from the ground than is being replenished. Under Beijing, the water table has dropped from five metres below ground level in 1950 to more than 50 metres today. Water tables are falling in major food-producing regions such as in the southern Great Plains of the USA where an estimated 21% of US irrigated cropland is watered by the unsustainable practice of drawing on aquifers. Pollution of fresh water constitutes a serious threat to human health. Contaminated water supplies are also harmful to crops and livestock. Copper mining in the Philippines has polluted the coastal area, disrupting the ecosystem and affecting the livelihood of 14,000 local fishermen and their families.

At the international level, climate change represents one of the newest areas of research into the links of health and environment. The World Health Organization has published an assessment of the impacts of climate change on human health identifying a range of threats including the potential adverse health impacts of summertime heat stress, the increased production of particular air pollutants and aerollergens, the likely spread of vector-borne diseases such as malaria and dengue as the insect vectors are able to thrive in larger areas, health impacts of extreme weather events, and the effects of sea level rise in the health of vulnerable populations eg displacement, loss of agricultural and freshwater salination, social disruption and so on).

Environmental health risks and benefits

Another way to approach the subject of environment and health is to identify those environmental factors which contribute to sickness and those environmental factors which contribute to health. A key factor for human well-being is good nutrition – its absence leaves one vulnerable to illness and disease. Food security is threatened as a result of social, political as well as environmental problems. Rural families in many developing nations have lost access to their sources of self-sufficient food supplies. This has taken place as farmland has been converted to cash crops to gain foreign exchange to meet the demands of servicing international debt. People are displaced from land on which they have farmed as a result of the power of wealthy landowners, military activities, and expropriation by multinational corporations for resource exploitation.

Food security is also threatened by environmental factors. Oceanic fisheries are being exploited at unsustainable levels. Growth in oceanic fish catch came to an end in 1989. Little new cropland is available to bring into cultivation and there is a growing scarcity of fresh water for irrigation.

Climate change now adds a new threat to agriculture. The 11 warmest years since record keeping began in 1866 have all occurred since 1979, with the three warmest years being in the 1990s. In 1995, the hottest year on record, harvests shrunk in the USA, Canada, several European countries, the Ukraine and Russia.

Available cropland is also threatened from a variety of sources. The growth of urban areas is paving over valuable agricultural land in many parts of the world, most critically in Asia. In Indonesia, where urban and industrial growth is expanding dramatically, it is estimated that urban expansion claimed...
INTRODUCTION

20,000 hectares of cropland in 1994, an area large enough to supply rice to 330,000 Indonesians. With increasing affluence has come an expansion of golf courses, a very land-intensive pastime. In Thailand, 160 golf courses were built between 1989 and 1994, about one every 11 days, and about two thirds were built on agricultural land. An even greater threat to cropland comes from soil degradation such as erosion caused largely by overgrazing, deforestation, and agricultural mismanagement. Such challenges must be dealt with if we are to ensure food security, a prerequisite for healthy people.

The spiritual factor
A final framework for analysing the relationship of environment and health is to look at the interaction in health problems of physical, socio-psychological, and spiritual factors. The more we learn about health, the more we recognize the interrelatedness of the body, mind and soul. An advantage of this framework is that it forces us to acknowledge some of the health impacts on human spiritual and psychological well-being that arise from our various lifestyles. Though there is not a lot of research yet, anecdotal evidence is pointing to various impacts of modern lifestyles characterized by excessive consumption. Not only do such ways of life exact a heavy toll on the environment in terms of the use of natural resources and production of wastes, but the materialism of modern life is proving less and less satisfying for many people as they are oriented away from a focus on nurturing relationships (with God, family, community, nature) and towards consumer goals. This is a source of spiritual poverty in contemporary society and exacts a price in people’s emotional and physical well-being.

Understanding more about the complex relationship between environment and health can help us devise better strategies for addressing the environmental problems which compromise health for so many on the planet. For instance, by recognizing the threats to health which come from the immediate, the community or the international environment, we are directed towards the responsible agents for those particular problems. It also points us towards the sources allies with whom we can form coalitions in working for change.

Similarly, if we take the approach of identifying environmental factors that inhibit or promote health, we can develop strategies appropriate to those factors. In the example of food security which I used above we find health reasons in addition to the more traditional social justice ones for the importance of political struggles in support of land reform. When we recognize the spiritual dimensions of health problems that arise from environmental factors such as consumer lifestyles, we gain a more sophisticated analysis which can make solutions more effective and credible.

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The meaning of life!

Dad? What is the meaning of life? What was I put here to do?

Come!

This ought to be good!

Thanks Dad I see now!

The lesson that can’t be told!
THE OGONI STRUGGLE AGAINST ENVIRONMENTAL DISASTER

In late 1993, Nigerian writer and environmentalist Ken Saro-Wiwa visited the World Council of Churches. He provided information on the plight of the Ogoni people, and requested that WCC conduct a fact-finding mission to see the environmental devastation and military repression first hand. In February 1996, a fact-finding mission to Ogoniland was conducted by WCC in conjunction with All Africa Conference of Churches and the Christian Association of Nigeria. Former WCC staff member, Deborah Robinson, took part in the mission and wrote the publication "Ogoni: the struggle continues".*

The Ogoni are a small minority group of approximately 500,000 people living in the Niger Delta, just east of Port Harcourt in south-eastern Nigeria. The Niger Delta is a delicately balanced ecosystem which includes rainforests and mangrove swamps. It is considered one of the most endangered habitats in the world because the operation of the petroleum industry here.

Oil was discovered in the Niger Delta in 1956 and production began in 1958. Although an estimated US$30 billion dollars of petroleum has been extracted from Ogoniland, the Ogoni still do not have good roads, pipe-borne water, telephones, electricity or proper health care facilities. In addition, the environmental impact and health consequences of years of gas flaring, oil spills, seepage from drilling waste and waste from petro-chemical companies have never been adequately assessed. However, we do know the following:

- It is estimated that only 20% of the population in the Niger Delta has access to clean drinking water.
- Of the total number of spills recorded from Shell – a company which operates in more than 100 countries – 40% were in Nigeria.
- Gas flares are often situated less than 300 metres from settlements and the local population has to live with the noise, the constantly flickering light, and the soot. This soot settles on the skin and gets into the mucous membranes and respiratory tracts, as well as into fields and rivers.

Ken Saro-Wiwa's last words: "Lord take my soul, but the struggle continues!"
Gas flaring in the Niger Delta produces 12 million tons of methane gas per annum. Methane gas is regarded as the main cause of the greenhouse effect and is 64 times more dangerous as regards to global warming than carbon dioxide (CO2).

Ninety-five well-heads, five flowstations, one oil refinery, a petrochemical plant and the largest fertilizer company in the whole of west Africa are all located in Ogoniland (404 square miles).

On 4 January 1993, Ken Saro-Wiwa and the Movement for the Survival of the Ogoni People (MOSOP) mobilized 300,000 Ogoni to protest against the Nigerian government whom they considered responsible for their economic marginalization, lack of development and human rights abuses. The protest was also against Shell Petroleum Development Corporation which the Ogoni people held responsible for the environmental devastation of their land, and in turn, the destruction of their livelihood. The protests continued and gained international attention and support. The Nigerian military dictatorship could not allow the protests to continue. Petroleum accounts for 80% of total revenue for Nigeria and 90% of their foreign exchange. The very survival of the regime depended on crushing MOSOP and Ken Saro-Wiwa.

From July 1993 until today, there has been massive repression in Ogoniland, which has taken the form of both covert and overt military operations resulting in the deaths of over 3,000 Ogoni, the internal displacement of 50,000, the flight to neighbouring countries of over 1,000, and the exodus of many more to seek asylum abroad.

How does one deal with health care under a state of siege? To assess that adequately, one must analyze the challenges in health care delivery in Ogoniland in four distinct phases. These phases delineate different forms of repression which necessitated different strategies for health care delivery.

**Phase 1: Prior to July 1993**

Health care was a major problem even before Ogoni resistance and governmental repression. The problems of tuberculosis (TB), malaria, Guinea worm, and typhoid fever which are common to Nigerians living in rural areas, are compounded by asthma, bronchitis, pneumonia, skin diseases and gastroenteritis as a result of careless oil exploration in Ogoniland. In K-Dere and Gokana kingdoms (where the majority of well-heads in Ogoniland are located), bronchectasis (dilation of the bronchi) and broncho-jaemorrhage (coughing up blood), as well as emphysema (usually associated with heavy smoking) are much more common. The average life expectancy in Ogoniland is 47 years, significantly below the national average of 57.

Bori General Hospital, built in the 1950s, never had the necessary equipment, and patients had always paid for drugs and doctors fees. Surgery was only possible during daylight because electricity was rarely available. In 1987, Community Health Officers were trained to identify the many people who needed health care in the villages. They administered vaccinations, and the rate of measles, rubella and polio went down significantly during the early 1990s.

However, by 1993, there was a collapse of the health care system throughout Nigeria. Bori Hospital closed its doors.
for the last time in February 1993. In Ogoniland, the health officers were not being paid, vaccines were not available, and the community programme folded.

Phase 2: July 1993-May 1994
Relying on traditional healers was satisfactory during peacetime, but was no match for bullets, machete attacks and fires. Between July 1993 and April 1994 parts of Ogoniland were devastated by so-called ethnic clashes. Evidence now available shows that the government played an active role in fomenting such ethnic antagonism and some attacks were in fact carried out by army troops in plainclothes. The purpose of these covert operations seems to have been

1) derail protests and demonstrations against Shell and the government,
2) destabilize MOSOP, and
3) provide the justification to characterize the Ogoni and MOSOP as violent. Approximately 2,000 Ogonis were killed during this period and 30,000 became internally displaced.

MOSOP, in conjunction with the Ogoni Council of Churches, established the Ogoni Relief and Rehabilitation Committee. Using a refurbished pick-up van, they drove from one destroyed village to another and picked up the injured. They collected money, food and used clothing from Ogoni villages not affected to assist the injured. During the first six weeks of this effort, everything that went to the refugees came from other Ogonis. The Daughters of Charity (a Catholic relief agency) joined the relief effort by providing drugs and additional resources. They accompanied the Ogoni Relief and Rehabilitation Committee into the affected villages. Where possible, the injured were treated on the spot. More serious cases were taken to the Owen Wiwa clinic in Bori and the most serious cases were taken to the Port Harcourt Hospital by the Daughters of Charity.

Although Owens’ clinic only had 28 beds, there were often 40 people staying there. The Federation of Ogoni Women's Associations (FOWA) were very well organized and played a tremendous role at that time by bringing food to the patients. This was a great help as the patients could not afford to pay for services or food and the Owens' clinic could not afford to feed all these people.

The Ogoni Relief and Rehabilitation Committee was at its most effective from July - September 1993. By January 1994, they were experiencing major problems given the lack of resources, and the effort fell apart. The Daughters of Charity continued on their own going into the affected villages themselves. They provided assistance in terms of food, medicines, pots, blankets, etc. This experience proved invaluable for what was to occur in the next phase.


On 21 May, four conservative Ogoni leaders were brutally killed by an angry mob. The next day, the Military Administrator for the Rivers State blamed MOSOP for the murders. Under the guise of trying to find suspects, the Rivers State Internal Security Task Force unleashed unprecedented overt military operations against the Ogoni. In the first 22 days, it was reported that 22 villages were attacked, 54 people killed and approximately 180 sustained serious injuries from gunshot wounds and torture. For months, people had to hide in the bush. It is not possible to estimate the number of people who died during this period from snake bites, exposure, injuries, malnutrition, childbirth and so on.

It is not possible to estimate the number of people who died during this period from snake bites, exposure, injuries, malnutrition, childbirth and so on.
An Ogoni farmer speaks

I am fifty-four years old. I am a widow and a full-time peasant farmer. My whole life and my cultural, spiritual and moral or philosophical worldview depend on the land. My husband, a bricklayer, was injured in August 1994 in the course of the military assault on Ogoni villages. He later died from gunshot wounds.

Since the death of my husband, I have been left to cater for seven children between the ages of 13 and 32. My three oldest children are unemployed and unmarried and consequently help on the small area of family land measuring about ten acres in all. It is this land that we cultivate on a rotational basis in three equal portions all year round. This land has been the main source of our life since I was married to my husband 35 years ago.

As rural cultivators, we plant mainly tuber crops like yam and cassava which are the staple food in the area. Due to the small acreage involved, we intercrop the tuber crops with vegetables like pumpkin, okra and pepper which provide a source of income. As a family, we work on our farms three to five times every week and between 12 and 17 hours every farming day. This is to generate enough to feed ourselves and to sell to raise income for clothing, shelter and education of our children. Every market day, we take vegetables on bicycles to Bori market, some 18 kilometres from our village. This is the basis of our whole existence, in common with most Ogoni peasant families.

You may thus realize the devastation caused by a massive oil spill in the village. The Korokoro oil field operated by Shell PDC Nigeria is in my community of nearly 10,000 peasant farmers. The company’s old and rusty pipelines were laid in 1958 criss-cross all over the community including homes and farmlands where they lie on the bare surface of the soil intimidating every farmer with the sound of oil gushing through them. On 12 November 1995, one of these rusty pipelines burst, gushing volumes of oil on the ground. It took officials of SPDC nearly eight hours to get to the site, by which time a huge volume of oil had spilled through the farms into the nearby stream and from there to the surrounding villages. My farm was one of the worst affected. Within three days, all tuber crops, which had been due for harvest, were rotten. The okra, pumpkins as well as the yams, stored in a barn for the next year’s planting, were all affected.

As a widow, my children can no longer go to school. We are all forced to work for a relatively well-to-do farmer at Ndoki community, about ten kilometres from my village. We use the money we earn to feed the entire family. Because this is burdensome work, we are only able to make the trip three days a week. Part of the income generated is used in buying fish since the spill also affected the stream which served as our only source of fish protein and drinking water. This is my life.
ransacked villages, killed and ate goats and chickens, looted food and crops and burned homes to the ground.

There was no such thing as health care delivery at this time; people just had to use local knowledge and treatments, and pray. Villagers hiding in the bush and the activists who had to stay underground lived in constant fear. They were being hunted down like animals. This put additional psychological stress on a people who were already fighting so many injustices. Since doctors and nurses in Ogoniland were intimidated with arrest and torture for treating wounded Ogonis, they could not go and seek aid outside Ogoniland.

The work and assistance of the Daughters of Charity became even more important and essential. They increased their personnel and the amount of resources dedicated to assisting the Ogoni. They were able to open a refugee camp in the forest, but soldiers would go there and loot foodstuffs. Sadly, in 1994 the Nigerian government clamped down on the Daughters of Charity who had to cease their relief efforts in Ogoniland towards the end of the year. Access to any form of health care dropped to a new low.

Phase 4: November 1995-Present

Ken Saro-Wiwa and eight others (The Ogoni 9) were tried by a special tribunal and executed on 10 November. The then British Prime Minister John Major said that an unfair trial, a bad verdict, an unjust sentence had been followed by “judicial murder”. Over 1,000 Ogonis had to leave their homes and are currently in camps in the Benin Republic awaiting determination of their refugee status. Many others are in exile abroad. The repression in Ogoniland has continued. Three people were killed and many others tortured by the military during Ogoni Day 1996; detention is still widespread, and Ogonis are still being killed or tortured to death. Nineteen Ogonis (who have been detained since mid-1994) are awaiting trial on the same charges for which the Ogoni 9 were hanged.

Although overt military operations are not as severe as they were in 1994, access to health care and the health of the Ogonis is now actually worse. The main factor is that poverty in Ogoniland is even greater than before.

Firstly, 90% of those in the refugee camps and in exile are the educated Ogonis who used to contribute financially to their families. Now that is not possible. Therefore, not only has the standard of living for the Ogoni gone down, but those who could once seek medical attention in private clinics in Port Harcourt can no longer afford to do so.

Secondly, most families at least had access to protein because they had goats and chickens. There were even several small poultry farms in Ogoniland. But during the clashes and especially after the murders, the soldiers ate or killed all the goats and chickens. People also used to be able to get fish by either fishing or by buying it, but now they have less money and less fish are available as a result of the pollution. Sea trawlers are also fishing closer to the shoreline leading to reduced catches for local fisherman.

Thirdly, the Nigerian National Medical Service has declined further. Basic medicines, equipment and even electricity are still not available in Ogoniland.

Finally, there is increased hopelessness among the Ogoni. Having dared

A forest in Ogoniland dying as a result of oil spills and associated fires.
The wife of a man in hiding speaks

I am 29 years of age and mother of two. I wish to express here that life can be miserable, frustrating and in fact not worth living in the absence of a loving and caring husband who is forced “underground” (into hiding). My experiences are undoubtedly not much different from those of a widow. Life has been full of bitterness since my husband went underground.

The catastrophe started as Nigerian soldiers began to be stationed in Ogoniland. In early January 1994, they invaded our community and in the process of what they tagged, “Operation Wipe Out MOSOP”, pulled down our house together with houses belonging to other innocent activists in the community. All hell was let loose upon the community. Properties were burnt down and domestic animals burned too. In fact, my husband, myself and child were left with only our sleeping gowns. We slept in the bush for about two weeks as the Nigerian soldiers continued operations.

My husband, who is a leading MOSOP activist in the town, was being hunted by uniformed men after the raid. The heat of the crisis forced him underground. It became difficult for us even to meet. Just overnight the joy and happiness in the family turned to sadness, bitterness, loneliness and sorrow. My husband left me two months’ pregnant. Lonely and helpless, I felt attacked both physically and spiritually.

Health failing
First, a serious attack of ill health affected both myself and my 18 month-old son. It was difficult to go for treatment because my husband had lost his job, and his doctor friends had also been forced underground. To begin with some friends of mine showed concern by paying us visits in the house given to us by one of my husband’s uncles. Later, it was as if we were deserted, but we depended upon God and persisted in prayers, and by using some herbs we were healed. The family’s care and sustenance now rested solely on me. I spent sleepless nights crying. The child’s need of his father kept me awake through several nights. Thinking and loneliness made me grow thinner everyday. It is with God’s intervention that I am surviving.

When uniformed men threatened to arrest me in place of my husband, I moved to stay with an uncle who was a pastor in another town. After one week the pastor died in an accident leaving me in confusion about where I could go from there. It was my ninth month of pregnancy. I needed my husband badly. I had not registered with any hospital because of lack of funds. By God’s special grace, I was safely delivered in my house with the assistance of some women.

Relying on charity
Then came the most bitter time in my life. As a newly delivered mother there was no money to take care of my baby and to feed us. I lived on gifts from some Samaritans. I must mention here that I know some other Ogoni women who are passing through this experience. Now that there are two children, the situation becomes more and more complex. It is difficult to eat, clothe my children, take care of their health and solve the problems of missing their Dad. As for me, tears become part of my routine as the day goes by.

Hence, I appeal through this medium that they, the international community, should be quick to alleviate the problem of us, the Ogonis, because we are experiencing hell on earth.
to stand up for their rights, even unto death, the Ogonis have borne the worst brunt of the military repression. They question now whether it was all worth it because their status is worse today than it was in 1993. To make matters worse, the international community seems to have abandoned them.

What Can Be Done?
The Ogoni case, which can be seen as an interplay between political, economic and social forces, is similar to the struggle of other Indigenous Peoples. It has to do with the link between environmental protection and human well-being — and the converse link between environmental degradation and human rights violations. Concerned individuals should deepen and broaden their understanding of the Ogoni crisis in the context of the other minority oil-producing areas in Nigeria, human rights violations in Nigeria as a whole and in terms of the dynamic relationship of environmental exploitation, development and the global market economy.

It has not been possible in this short article to elucidate all the dynamics at play here, but it should be clear how issues of justice, peace, the integrity of creation and health are intertwined. It is therefore necessary to think of strategies which address these issues.

Recommendations

The Nigerian Government should be urged to abandon the illegitimate transition programme and ensure a speedy return to civilian democratic rule, unhindered by the military. They should restore internationally recognized basic human rights, release the Ogoni 19 and the other political prisoners and detainees as a first step towards justice.

Projects to empower women for economic development should be established with Federation of Ogoni Women's Associations (FOWA). Income generating projects and those which would re-establish goat and chicken farms are desperately needed.

- Pressure must be put on the Nigerian government to withdraw all troops from Ogoniland and disband the Rivers State Internal Security Task Force. This is an essential step in the peace process in Ogoniland.
- Shell Petroleum Development Corporation must clean-up all oil spills and allow an independent international body of experts to periodically assess clean-up activities.
- Shell must actively advocate against human rights violations in Nigeria.
- Basic medical and pharmaceutical supplies must be sent to the clinics in Ogoniland. There is also an urgent need for three diagnostic units to be established there.
- Funding is needed to train additional health care professionals, as well as village health workers, and provide them with basic supplies.
- Clean sources of drinking water must be located and mechanisms created for transport to people's homes must be created.

These recommendations do not exhaust what is possible or needed in Ogoniland. It is clear that any work must be carried out in coordination with non-governmental organizations, church and ecumenical partners in Nigeria. It is also important that efforts by groups and churches outside Nigeria be coordinated, and it is clear that the WCC could play that facilitating role.

Let the people of Ogoniland know that the international ecumenical movement has not forgotten them!

Since the publication of "Ogoni: the struggle continues", Shell International Limited has provided a detailed response, setting out its perspectives and challenging some of the observations contained in the report related to its operations in Ogoniland. The WCC subsequently discussed the report with corporate officers of Shell International and has issued a rejoinder to their response.
MEXICO CITY: PROVING THE AUTHORITIES WRONG!

While international environmental bodies and governments talk about community participation, they often fail to create the opportunities for involvement of local people. In Mexico City, the Front for the Defense of the Sierra de Santa Catarina are struggling to be involved in US$100 million environmental project while achieving tangible benefits through their own low-cost project.

When you enter Mexico City from the south on the highway that connects the capital with the tourist centre of Cuernavaca, you cannot help but notice the level of pollution as you descend several kilometres. It is common to see a thick cloud that hides the buildings, but there are also days in which the atmosphere is so clear and clean that it makes you happy. In either case, to the right, you notice on the horizon a not too long chain of mountains that are more red than green, especially where they have been eroded due to clear cutting by the open pit quarries.

That mountainous stretch is the Sierra de Santa Catarina. At its base, close to half a million people with scarce resources live. On paper, they are the direct beneficiaries of the Inter-American Development Bank’s (IDB) Project for the Ecological Conservation of the Metropolitan Area of Mexico City. This project, which involves US$100 million in IDB financing includes various activities, mostly reforestation, in several zones of the city. One of the most important sub-projects seeks to reforest 1,000 hectares of the Sierra de Santa Catarina, through a contribution of about US$36 million.

The IDB and the government like to show their visitors the pretty part of the project. Recently, foreign visitors were taken on a “field” trip to the Chapultepec forest, the Central Alameda, and down Pasco de la Reforma Avenue, where they noticed that the view from the Hotel Nikko and the Hard Rock Cafe had greatly improved. The IDB and government officials did not take the visitors to the Sierra de Santa Catarina. If they had, they surely would have returned with their faces covered in sand.

Everyone talks of participation ...
In June 1993, shortly after the approval of the Ecological Conservation Project, representatives from the grassroots...
organization, Front for the Defense of the Sierra de Santa Catarina, went to Mexico City government and the project implementing agency, the Natural Resources Commission (Corena) to get information. They were unsuccessful. As a result, in 1993 a representative of the Front travelled to Washington to let IDB officials know of the group's concerns about the lack of information and community participation in the project. The IDB's executive director for Mexico recommended, in writing, that Corena and the Resident Mission meet with the representatives of the Front.

But in April 1994, tired of not receiving responses from the government or the Resident Mission, the same representative personally presented a copy of the document "An Alternative for the Sierra de Santa Catarina" to IDB Executive Vice President, Nancy Birdsall. The Resident Mission also received a copy of the document, which was written by the residents of the region with the technical assistance of non-governmental organizations (NGOs). That same month, the US Congress learned of the case when an analyst from the Environmental Defense Fund talked about it in a hearing on international development.

In response to this pressure, one month later officials from Corena, the local government (Iztapapay Delegation) and representatives from the Front visited the projects and together agreed to many of our recommendations. Nevertheless, the facts were otherwise. In February 1995, the Front therefore sent another letter to Nancy Birdsall, and in September 1995, IDB finally wrote to say that "the government officials agreed to include a good part of the recommendations you presented."

This was not a friendly concession by IDB. All they were really doing was saying that they would comply with the plan proposal which states: "Grassroots participation, either by community organizations, administrative representatives, or the citizens themselves, is an important part of the preparation and implementation of the project, through a process of consultation and agreement."

That commitment, made in 1992, has not been seriously or consistently dealt with by IDB in the past five years.

**Community surpasses IDB effort**

Meanwhile, one of the groups that forms part of the Front – the Union of Neighbourhood Residents of San Miguel Teotong – developed an independent Ecological Park for the area. In an agreement signed in October 1993, the city government and the residents agreed to contribute close to US$400,000 to build the park in an area of 38,000 square metres. The park now has a plant nursery, an organic recycling centre, a security booth and it is expected to continue with a lookout point, a kindergarten, children's games, a water recovery and treatment plant, and an ecological centre to give environmental education classes to the community.

In contrast to the reforestation and conservation activities promoted by Corena, which have several times ended in failure, the Ecological Park has been developing as a model sustainable social project.

The comparisons are notorious: the trees that Corena planted have dried out due to lack of care and because the reforestation has not been coordinated by the social organization, which means...
impossible for the social organizations because the residents had already been called on to go to specific points. Corena did not donate the trees, nor did it participate in any way. Fortunately, the community did not depend on the donation and they carried out the campaign with the participation of 2,000 people.

With infinitely fewer resources, the community in the Sierra de Santa Catarina carries out environmental projects with more quality and efficiency than the IDB.

In July 1996, in a letter to the Regional Advisor of the IDB, the Front summarizes their experiences with a lack of collaboration on the part of the implementing agency, and proposes a meeting between the IDB, the Front, and Corena. The Advisor's response, four months later, simply confirms his "willingness to continue a close relationship with your organization." The development of the Management Plan has faced a new set back and now it is expected to be ready in early 1997.

Talking is not enough!
Participation is an issue that gets a lot of attention by the IDB. For example, the IDB's 300-page "Resource book on Participation" suggests that staff seek to "involve non-traditional partners in the design and implementation of projects." At the plenary of the International Seminar on Urban Green Areas, the Mexican government also insisted that community participation in the Management Plan of the Sierra de Santa Catarina, is a pilot project which will help them design a participation model for other sub-projects under the Project for the Ecological Conservation of Mexico City.

But the actual situation contradicts the flowery speeches of Washington or Mexico City officials. It is true that the Resident Mission has invited the community, organized in the Front, to participate in the Management Plan. But the population is not very motivated because of the government's lack of credibility, which is not just a small detail. It is well known that the greatest

— Protection of forests in Mexico requires pressurizing government officials to cancel permits for mining and other exploitation.

The community has also incorporated information and education as a permanent aspect of their projects.

that there has been little monitoring of the areas. In contrast, the Ecological Park and the Neighbourhood Union projects were consolidated with community participation. While Corena hired workers to plant trees and environmental "educators" without experience or knowledge of the area, the community itself is carrying out reforestation campaigns with volunteers. The community has also incorporated information and education as a permanent aspect of their projects, with greater impact and coverage. While the IDB only laments that the mines continue their activities, the Front is constantly pressuring government officials to cancel their permits for exploitation.

In May 1996, the Regional Environmental Advisor for the IDB in Mexico accepted an invitation from the Front for a field visit. That day, the advisor— together with Corena officials—witnessed the failures in the implementation of the official project, and visited the Ecological Park. There he recommended that Corena support the ecological initiatives of the community, and particularly the idea for a Civil Reforestation Campaign.

In spite of that verbal agreement, Corena did not fulfill its commitment. The agency had promised to donate trees, but one day before the Campaign, they wanted to change the site for planting them, which had been previously agreed by both sides. This was
opposition to the participation of civil society comes from the government. In cases like this, the IDB cannot cross its arms and say that it fulfilled its part of the deal. The IDB must recommend that the government take the community seriously into account, encouraging a dialogue between the Front and the implementing agency, and monitoring the joint work agreed to by the various parts.

But as long as the IDB continues to prioritize the interests of privileged groups within the Mexican system, over the efficient implementation of a project, the 300-page resource book and its dozens of recommendations will only serve to adorn... or get in the way of... the desks at the IDB.

This article is by Ricardo Hernandez S, the editor of The Other Side of Mexico, an alternative news and analysis for the international community published by Equipo Pueblo, AC, Francisco Field Jurado 61, Co. independencia, Mexico DF 03630 Tel. 525339 0015 or 0055. Fax: 622 672 7453. email: pueblo@laneta.apc.org

RESOURCES

This list provides details of some useful contacts and books on the subject of health and the environment. Unless otherwise stated, these materials are available in English only.

USEFUL CONTACTS

World Council of Churches
is engaged in theological and ethical reflections on the inter-relationship between justice, peace, and the integrity of creation. The Council works closely with some of the many churches that have already started programmes and local initiatives to sustain the environment. In particular, it has initiated studies and consultations on the issue of accelerated climate change as it relates to other regional problems like desertification, deforestation, pollution, rising sea levels, health... A petition campaign to reduce carbon dioxide emissions by 20% was launched in the beginning of this year.

USEFUL PUBLICATIONS

Address box
World Council of Churches
PO Box 2100
1211 Geneva 2
Switzerland

The United Church Publishing House,
85 St Clair Avenue East,
Toronto, Ontario,
M5T 1M8 Canada.

Christian Literature Society, CLS Press,
Madras-600 007

Orbis Books, Maryknoll,
New York, USA

The Center of Concern,
3700 13th Street, NE,
Washington DC 20017,
USA.
Tel: 202 635 2757
Fax: 202 832 9494

A place in creation
This book by David Hallman provides the reader with an explanation of the exciting new concepts in the fields of science, religion and economics - concepts that have the power to transform our understanding of our relationship to the rest of creation. ISBN 0-919000-80-0. Available from The United Church Publishing House. (Reprinted in India, the book is available from the Christian Literature Society. David Hallman is also author of Ecotology, Voices from South and North - a collection of essays from authors around the world facing the theological and ethical dimensions of the ecological crisis. Orbis Books, USA.

Forests are not forever: A resource handbook on the environment
This book attempts to develop an appreciation of the earth and its resources. It examines the current state and the extent of human destruction of the world's forests. The author, Edna Ortega works at WCC and wrote the editorial for this issue of Contact. Her book is a joint publication of the United Church of Christ in the Philippines and the Center of Concern, USA.

Defending mother earth: Native American perspectives on environmental justice
Many of the authors of this publication are engaged in struggles to resist the dangers of environmental devastation. As their essays consistently demonstrate, these struggles are intimately tied to the assertion of Indian sovereignty and the affirmation of Native reculture. The earth is indeed Mother to these nations. Published by Orbis Books, USA.

Earth community, earth ethics
The book by Larry Rasmussen is about "environmental ethics" from a Christian perspective, although he warns at the outset that the term "environment" is misleading if one understands it to refer only to a surrounding world separate from ourselves! ISBN 2 8254 1202 3. A WCC publication, available from WCC bookshop, price: Sfr 32.50, US$28.50, £17.50 (add 20% for postage and packing). Payments by Visa or Mastercard welcome.
PEOPLE, LAND AND GOD

LEVITICUS 25.1-24 AND PSALM 85.10-12

The following reflection has been prepared by Rev Simon Oxley, executive secretary for education.

David G Hallman, in his article “Environment and health”, suggests that Christian theology has helped to distort our understanding of our relationship with the environment. It has done this by emphasizing the superiority of humans within creation. His article, and those on Ogoniland and Mexico City remind us of the relationship between the health of the environment and the health of the people who live within it.

Think of some examples from your own situation.

The first few books of the Old Testament tell the story of how the Israelites, the people of God, came to live in the promised land. Much of these books is taken up with establishing how they should relate to God and live together in community. The land in which they would settle was very important to them. It was not just a space in which to live or the ground to grow crops and pasture animals. The land was part of God’s creation to which they had to relate.

Now read Leviticus 25.1-23.

We are probably familiar with the idea of “sabbath” as a day of rest and worship. It was something necessary for people’s well-being. Here, the idea of “sabbath” is extended to the land itself. People need to pay attention to the well-being of the land. This is not put forward as a practical argument, although it may well have been recognized as a good agricultural practice. The reason is in the relationship between God, people and the environment.

From “sabbath” the passage moves on to “jubilee”. Although the details are confusing, this is an opportunity to restore harmony. Land and people are to experience liberty in God. Notice the requirement for justice and fair dealing in relationships. We do not know whether the Israelites ever observed a jubilee like that. Even so, it represents an important ideal.

The final verse is a clear reminder that we are not owners of land — it belongs to God. It is not ours to do with as we want. We therefore have a responsibility for it.

Now read Psalm 85.10-12.

These verses of Hebrew poetry bring together the fruitfulness or well-being of the land with the significant ideas of love, faithfulness, justice and peace in our relationships with one another and with God.

Questions for discussion
The recognition of the relationship between the health of the environment and the health of people within it is a matter of self-interest for humanity. Why should Christians make it a particular concern?

How important is rest (sabbath) for the well-being of people and the environment?

What does justice and peace mean for people and environment in your situation? How would that affect your work for health?

What actions would symbolize jubilee in your context?
WCC’S ROLE IN HEALTH AND HEALING

At a recent World Council of Churches’ consultation, we defined WCC’s role in health and healing. We thought it useful to reproduce the statement resulting from the meeting on Contact readers. Do write to us with your comments!

The ecumenical fellowship places the World Council of Churches (WCC) in a unique position to address the critical health and healing issues in this century and beyond. The WCC has strongly and continuously affirmed the understanding of health, healing and wholeness as an essential feature of God’s promise of reconciliation in the world. The visionary task of this movement includes promoting the essential vocation of the churches in mission and healing in addressing brokenness, marginalization, suffering and disease so rampant in society today.

Mission is the proclamation of God’s love in a fragmented world. Health and healing is an integral part of that mission. This missionary task allows theologians, health practitioners and all people of God to articulate the interrelation of health, healing and faith reflection and to address emerging ethical issues. Aided by advisory groups and regional networks, WCC has a unique role to engage the churches in reflecting on these issues.

Just as the ministry of Christ often began with the practical dimensions of healing and care of the suffering, so WCC has affirmed its prophetic role emanating from the work over the years in primary health care, pharmaceutical concerns, strengthening the churches in their understanding of healing, equipping them for this ministry, supporting cooperative efforts through coordinating agencies in health, to the recent AIDS study process which led to a fuller theological reflection and understanding of God’s power in healing and reconciliation.

There have been innovative approaches by many developed in the last three decades that have been lifted up as signs of hope and wholeness within a broken world. These stories have been shared through a variety of means including Contact publication, people-to-people exchange (“encontros”), international meetings and electronic media. The ecumenical movement needs to continue to address issues such as:

- the effects of globalization on health
- coping with suffering, death and dying
- faith healing
- ethical issues (e.g., new reproductive technologies)
- faith linked with a biblical and missiological understanding of health, healing and wholeness.

There is a need to counterbalance prevailing ideologies and policies that exclude and marginalize the poor, the minority, the vulnerable and those who suffer illness and disease by having a prophetic voice in the global arena. WCC can advocate for justice, a healthy society and the well-being of all people especially on issues of globalization and its impact on the health of people.

WCC’s health team is in a unique position to bring these critical issues to an international platform on behalf of its member churches, ecumenical partners and disadvantaged communities.

The present review of the WCC Common Understanding and Vision process could lead to strengthening the role and common effort of WCC within the Ecumenical Movement to work on health and healing and to enable synergism in carrying out the task of the healing ministry in the context of mission. There is value in working both from Geneva and with regional ecumenical organizations, national councils of churches as well as networking with existing institutions and coordinating agencies. By doing this, the sum is more than its parts. The staff may be small in number, but the maintenance of the networks on health and healing assures the unique link between the secular practice of health care and the healing and wholeness granted to the world through Christ.

The Statement, “WCC’s Unique Role in Health and Healing” was developed at the CMC-CAH/WCC Consultation on the Future of Health and Healing in WCC which took place on 27 February 1997 in Geneva.
Hello Dolly! - The Ethics of Cloning

Contact invited Gillian Paterson, author of several books on the churches' role in health and healing, to explain the implications for Christians and others involved in health care of the cloning of a sheep called Dolly.

In Britain, in early spring, the sight of newborn lambs gambolling in the fields, butting frantically at their mothers in search of milk, is a sign that our cold, dark winter will soon be over. Why all the fuss, then when on 27 February 1997 in the international scientific journal Nature, a team of scientists from Scotland (Wilmut et al) reported "the birth of a live lamb" to a six-year old sheep called Dolly?

Dolly's lamb, although born in the normal way, was not the result of a sexual union of male and female parents. The lamb, which grew to full and healthy term inside Dolly, came from the nucleus of a cell removed from its mother's udder, which was then inserted into an unfertilised egg from her own ovary, from which the nucleus has been removed. The egg was then implanted into her womb. There was no male contribution to the process. The infant lamb, which took all its genetic material from Dolly, is thus identical to its mother. They both carry the same "genome", or genetic coding.

The immediate scientific value of this work – the reason it was undertaken in the first place – is that it increases our understanding of the effects of cell development on genomes, and can be a means of preventing cystic fibrosis and haemophilia, both of them inherited diseases. The reason for the uproar is that the cloning of a sheep raised the spectre of the cloning of human beings, and the prospect of such technologies being used for purposes of political or social engineering (to ensure ethnic purity; to produce workers, boy babies, or maybe an endless supply of replicas of this or that dictator.) One British newspaper carried a cartoon of dozens of tiny Hitler-clones goose-stepping into the future. Another looked 100 years into the future and imagined two parents gazing lovingly at the beautiful blonde-haired child they had acquired as a
special offer from the Genes-R-Us cata-
logue. The child came with a complete
package of spare parts taken from gene-
customized pigs, and a guarantee that
she would be replaced if she was not up
to specification.

The Scottish researchers were under-
standably quick to emphasize current
technical and legal obstacles to human
cloning. Yet a member of the team told
a government committee that in his view it could be possible for a human
being to be cloned two years from now.
The implications are mind-blowing.
Which of them are particularly impor-
tant for Contact readers?

1. It is clear that experiments using
human tissue are both possible and
inevitable. But being technically fea-
sible does not, in any field of human
endeavour, make it right. And this is
particularly true of medicine, where
an intervention may be judged wrong
either because it does harm or does not
work in the short term, or because,
like human cloning, it has unaccept-
able implications for the broader, long
term context. At present, medical
ethics is struggling with a grim reality:
that whatever is possible will be done
if somebody wants it and will pay
for it.

2. It is not always possible to predict
which scientific advances will con-
tribute most effectively to better
health. Clean water technology, vac-
cination, anti-septics and the under-
standing of how diseases are trans-
mitted: it is these which have trans-
formed communities the world over.

3. A blanket opposition to "tampering
with the genetic essence of humanity"
is pointless. There was a similar
outcry following the world's first heart
transplant, and many of the same
arguments were used. We have
become accustomed to test-tube
babies, and AID (artificial insemina-
tion by donor) is an accepted treat-
ment for infertility. If one parent
carried a serious inheritable disease,
it could even be justifiable to help the
couple produce an offspring from the
genetic code of the other parent.

4. The main ethical critique should
perhaps be directed at the allocation
of such massive resources to an
area of scientific research whose
benefits will be felt almost entirely by
the privileged. One eminent medical
ethicist says that the whole costly
programme of transplantation had
resulted in an increase in length of
life, among those studied, of
0.0004%.

5. The practice of medicine is rooted in
the concept that some interventions
are good and justifiable. Many of
these, today, will be the result of
newly developed technology. The
challenge of Dolly is to find criteria for
establishing which interventions
might be acceptable, which might
not, and who is to decide. Do we
define health as the absence of
disease, the acquisition of perfect
children, the exchange of a dysfunc-
tional organ for a better one? Is health
care to do with prolonging life, or with
quality of life? The answers will not
be found in science, which dictates
not what should be done but what
can be done. They are to do with
human values, human dignity; with
the absence of violence and grinding
poverty; with having a home, and
with being in a position to take deci-
sions for oneself.

6. The story of Dolly reads like science
fiction. What, we ask, would the con-
sequences be if this particular piece
of technology fell into the wrong hands? The international scientific community is adamant that it is capable of controlling its own; the Edinburgh group believes that it only needs to patent the process to prevent others from using it. However, it would be naive of us to rely on either of these convictions. Neither will prevent cloning if somebody rich or powerful wants it to happen. Human beings are not known for putting morality before profit. So high-level ethical debate, leading to effective mechanisms of control at national and international level, is crucial.

7. Could it not, then, be said that the whole area of genetic engineering and cloning is finally a matter for scientists and politicians? With the massive resources involved, and the absence of any significant interface with the day-to-day practice of health care, in what sense can it be said to be a matter of concern for health professionals at all?

To agree would be easy. Too easy. Christians engaged in health care have a particular responsibility for taking bioethical issues seriously. For many people in the world – and particularly those who set the agenda and control the funding for medical research – this is where the exciting medical advances are taking place. Issues affecting the human body are seen by the public as medical ones, and human reproduction comes within the remit of health care professionals and medical institutions. However, the funds that pay for the technical feats that produced Dolly’s daughters are likely, if we are not careful, to gobble up a huge slice of the budget available globally for health: a budget which – in many parts of the world – is not currently providing enough for basic community health services for the 1.1 billion people who live, still, in acute poverty. And that really is a matter for Contact readers.

Gillian Paterson wrote “Whose ministry?” describing voluntary institutions involved in health care can provide a relevant health ministry for the year 2000, and “Love in a time of AIDS” about women, health and the challenge of AIDS. Both are published by the World Council of Churches as part of the Risk Series.

We welcome your letters on this and other ethical issues – Editor.

NETWORKING

USEFUL PUBLICATIONS

Where there is no artist
This book contains more than 500 drawings relating to a wide range of educational and health issues, along with advice on copying, enlarging and otherwise changing the illustrations without using special equipment to make them appropriate to a particular situation. Details from Intermediate Technology Development Group, 103/105 Southampton Row, London WC1B 4HH, UK.

A people’s guidebook to the environment
While this book is meant to be a dictionary of environmental terms, the scope and complexity of the issue of the environment demand that other terms dealing with the social, economic, political and cultural dimensions of peoples be included. The book also feature examples and experiences, mainly from within Asia, and the viewpoint is from the marginalized and struggling people. The inclusion of terms particularly relevant to church people has also been deliberate. Copies can be obtained from: Documentation for Action Groups in Asia (DAGA), CCA Centre, Pak Tin Village, Mei Tin Road, Shatin, NT, Hong Kong. Phone: 852 2697 1917, Fax: 852 2697 1912. E-mail: daga@asiaonline.net
Urban health in developing countries
This book addresses the impacts of urbanization in an integrated way, looking at both the problems themselves, and the action and research necessary to alleviate them. It includes contributions from leading practitioners and advisers to many of the main international agencies. Case studies look at major initiatives in cities as diverse as Santiago, Dar es Salaam, Kampala and Bombay. Available at £12.95 in paperback from Earthscan Publications Ltd, 120 Pentonville Road, London N1 9JN, UK. Tel: 44 171 278 0433. Fax: 44 171 278 1142.
E-mail: earthsales@earthscan.co.uk

LETTERS

Recent articles in Contact on different healing traditions deserve to unleash a flood of responses. Sadly, the whole concept of "indigenous healing" has been grossly neglected in western circles.

Whilst working in partnership ventures in Southeast Asia, Uniting Church of Australia has run into the attitude that traditional medicine is a "soft option", and inferior to the practice of western medicine. The better insight must be that each tradition needs the other, and that both need think critically about the differences in each other's approach.

For instance, we found that the western model was simply not a useful base for teaching in Bali. Local people were willing to accept potions and pills, but the western cultural assumptions of the causes of illness were rejected. For example, when I spoke to Balinese women about their experience of breast cancer, they had no idea of its cause, they only spoke about a sense of blame. "I felt malu (ashamed)", was a typical response. Traditional medicine locates the cause of the discomfort in the context of life's patterns or rhythms, and treatment therefore aims to restore cosmic harmony, as in the Balinese Balian, or healer, tradition.

In addition, in our medical teaching programmes we made the mistake of assuming a culture of individualism. In fact, there is a corporate personality in which people are bound together by the honouring of ancestors. This sense of community is deeply imbedded in the psyche and significantly affects attitudes towards health and healing.

No wonder our teaching was hard work!

These frustrations have had a practical effect. They drove us to re-examine the real basis of the Christian healing tradition. Soon, we came up with a new working principle. Instead of considering the church as body offering a healing service, we worked on the basis of the church itself being a healing community. Thus, healing would be "owned" by the whole church, while special people from the church would have a communal affirmation that this was their service gift. Once we arrived at this point, we lost a lot of the disturbing stress we had been encountering. We began to concentrate on learning from our friends rather than to try to "offer" them something.

Douglas G McKensie
Mango Tree Foundation Ltd
Queensland, Australia

am writing to thank you for Contact which helps someone like myself, a village health worker in primary health care, to know what is going on in the world. Each time I receive a copy of Contact, I call a meeting at my health post and tell people what is in the book and give them prayers. I tell them about health issues and about HIV/AIDS and tuberculosis (TB).

In our Gambia today, I see many people with TB. I asked one of our health officers why we have so many patients with TB. He said that we health workers must try our best to look after our villages well, to tell people that too many people in one room can lead us giving each other the infection, as can drinking with others from one water pot or cup. Many thanks again to all you people on Contact and do not forget about family planning, HIV/AIDS and TB!

Mbunda Sillah
Village health worker
Madina Umfally
Gambia

Village readings

Contact n°156 - August-September 1997
ANNOUNCEMENTS

Departure of Erlinda Senturias
Dr Erlinda Senturias, executive secretary for health and healing at the World Council of Churches since 1989, has been elected President of Southern Christian College in Midsayap, Cotabato, Central Mindanao, Philippines. It is therefore with a mixture of tremendous pride and deep sadness that Contact announces her departure from WCC's health team.

Erlinda, who is a medical doctor, has a long association with the health work of WCC. In 1984, she became moderator of the former Christian Medical Commission (CMC) while continuing in her role as National Coordinator for health-related issues at the National Council of Churches of the Philippines in Manila. She joined CMC as a staff member in July 1989, where she has been a source of inspiration, warmth and motivation ever since. Her qualities have been appreciated throughout WCC as well as at the World Health Organization, UNAIDS, the World Alliance for Breastfeeding Action (WABA) and the many other bodies and groups in which she has been involved while in Geneva. Everywhere, her ability to speak out on behalf of the poor, drawing on her closeness to grassroots movements, has built enthusiasm and commitment in many people.

As a close colleague within the health team, her spiritual guidance and ways of looking at different situations has brought us through many difficult situations. Her rapid and accurate note-taking and reporting skills will also be sadly missed. But, in particular, we shall all remember her for the constant concern she showed for each of us, even when she had bigger problems of her own.

Erlinda has always looked forward to returning to her country to serve her people. As President of the Southern Christian College she has a grand opportunity before her. Under her direction there will be students from elementary to graduate level, and in a wide range of disciplines. Nevertheless, she is keeping in mind the needs of the community of Midsayap. She already has plans for a community-based programme aimed at employment generation, health and conflict resolution, including giving attention to Christian-Muslim relations.

With all good wishes to you, Erlinda, from all of us in the health team. It has really been a pleasure to work with you.

New procedures in Uganda
The National Drug Authority in Uganda is implementing drug registration procedures. According to Pascal Vehueven of Joint Medical Store in Kampala, the result will be that consignments of inappropriate drug donations "will be returned, reexported at cost of the original sender." From now on, agencies like JMS which intermediate in clearance of drugs for NGO units will only be able to do this if the requested drugs are registered for use in Uganda. Although there may be some initial convenience, Pascal is delighted with the development since it represents an important step in the implementation of essential drugs policies. Well done Uganda!

WHO leadership change
Dr Hiroshi Nakajima, director general of the World Health Organization has announced that he will not seek a third five-year term from June 1998.

Erratum: IBFAN, Geneva, fax number is 41 22 798 44 43 not as shown in Contact 153 on Ethics.