Our failure to acknowledge and understand death affects our ethical priorities and behaviour. Elderly people in the terminal phases of cancer are given palliative radiotherapy or chemotherapy without knowing that only 5% may benefit from a few months more life but at the cost of severe side-effects that diminish their quality of life. The paternalism of the medical profession that "knows what is best" does not offer an opportunity to evaluate choices. To discuss, question or even refuse such treatment is often impossible.

Medical specialization prevents the needs of the whole person being addressed. One person likened his experience of cancer treatment to that of being under an oppressive political regime that allows you to live but destroys the soul. It is surely an affront to human dignity to see an older person inappropriately resuscitated only to gasp out a few more painful hours of life. Both these examples demonstrate a misuse of resources, which diminish rather than enhance life.

**Fear of death**

Studies have shown that the fear of death is particularly strong among doctors and nurses. The anxieties and expectations of patients and families, many of whom may be looking for a miracle cure, will compound this. In this context it is very difficult to be honest and communicate bad news. Truth and honesty are often casualties in the face of death. Since most people in the UK will die in hospital, this fear of death will affect our experience and the management of the process of dying.

**Moving from Death to Life: Signs of Hope**

The hospice movement arose from the vision of a better way of dying than that offered to people in hospitals. Funded originally totally on a voluntary basis, it has spread across the world. Through research into pain management and excellent nursing care it has transformed the context of dying. Through educational programmes it has sought to change medical and nursing attitudes and practice, both in hospitals and in the community. More attention is now being given to supporting dying people and their carers at home, but resources are short and it is not viewed as a priority for health service funding.

Less than 50% of hospice funding comes from the health service, the rest is raised on a voluntary basis. This movement into the community is essential if hospices are not to remain an expensive facility for the few. It also addresses the problem of colluding with the social exclusion of the dying despite
providing a better quality of care than hospitals. The increasing professionalization and medicalization is a danger to the hospice movement, which was founded on nursing care and voluntary work.

**Alphega**

In 1985 a group of people met to create a voluntary group called Alphega. One of the creative experiences behind it was that of a young woman who had been unexpectedly diagnosed with cancer in the spine. After treatment in hospital she and her husband went to her brother’s home where a ground-floor room had been turned into a bedsitter for them.

The neighbours looked after her in the day while the rest of the family were at work. The local doctor and minister were very supportive. The latter held a regular communion service in the home, with the laying on of hands for all involved — commissioning them for their ministries to one another. After the shock of the news and treatment in hospital, Christina became much stronger in herself. She seemed to be the focus and strength of the group. She said, “we are all learning from this, and will be stronger when something else like this happens again”.

**A community of love**

Eventually she was able to return to her own home where she died eighteen months after the diagnosis. Her illness had become a sacrament of creating a community of **love, commitment and hope**. The people in Alphega try to mobilize resources of love and support around people who have a serious illness, without making the individual or family dependant on professional or patronizing forms of care. The essence is that of building communities of life and hope. Over the years it has been difficult to sustain this vision, because it is easier to offer help directly, or form a self-help group rather than working to build community.

It is easier to pick up casualties of famines and disease rather than prevent them. It is easier to offer short-term comfort than to create a loving commitment which challenges the causes of discrimination and social exclusion of the dying, the bereaved, the disabled, the ethnic minority, the poor. It is easier to create visiting groups for the elderly and disabled than to integrate them into society and to listen to their voices. But there is a love that faces death and discovers life.

**Love casts out fear**

For the Christian community love is the supreme value which can cast out fear. In the ceremony of “Ashing” on Ash Wednesday, the ashes placed on our foreheads are a powerful reminder of our mortality. Through baptism we are joined to the death and resurrection of Christ. We are to create a new pattern of life through death. We shall have to struggle with each new situation which confronts us to work with the life-through-death God who holds us even in the extremities of pain and suffering. Learning to die on a daily basis means that final death will not come as a stranger to be feared. This life-through-death experience is the authentic pattern of reality, the key to existence found in the dying and rising of Christ.

Peter Bellamy, 51 St. Denis Road, Selly oak, Birmingham, United Kingdom B29 4JY, Phone: 44-121-475 6363, E-mail: pbellamy@westhill.ac.uk

**Let us create communities of love, commitment and hope that challenge the causes of discrimination and social exclusion of the dying, the bereaved, the disabled, the ethnic minority and the poor.**
Kumar my husband was dying. He had been suffering from a damaged liver caused by Hepatitis B. Over two years he had been hospitalized many times and had been through much pain. He had been in and out of hepatic comas. He had lost so much weight. His arms were swollen from cuts made to insert the drip. His stomach was bloated with excess fluid. His feet too were heavy and swollen. His whole body throbbed with pain. But much more than the physical pain that he had to bear was the agony of knowing that nothing more could be done for him and that the doctors were just prolonging his life by bringing him out of these comas through the intervention of powerful antibiotics and other medical procedures.

He woke up from the third coma with such fury, “How much pain do you want me to go through?” he asked pathetically. “You know that there is nothing that can be done for me now. Please let me go in peace. I want to go home. I want to die in peace and dignity.” I nodded my assent tearfully. We agreed that the next time he went into a coma that I would not bring him to hospital, but that I would keep him at home and care for him until his end. He refused to have any active treatment other than a mild sedative for pain and restlessness. Kumar had not given up on life. He still wanted to live, but he wanted to live on his terms. He knew that he had only a very short while to live, perhaps only days and he wanted to make the most of those days at home with his family, with his children and others whom he loved. He did not want to spend the days left to him in the sterile, cold and impersonal atmosphere of an intensive care unit.

When he left the hospital for the last time, he was bitterly angry that God could withhold healing from him. That he was losing everything that held such meaning for him in his life — his work as a doctor in the area of leprosy, his reputation as an international scientist, being the head of the family, even his looks. His anger and bitterness and sadness had come to a point where nothing made sense. He just could not accept that this was the end of his life and dreams. All these feelings made him withdraw from me and I was terrified not just of losing him, but of losing his...
love at the end. Although the most common of human experiences, death is unfathomable, unknown, a mystery to us all. Like all unknown and unfamiliar things it brings with it a chilling sense of fear. It was from this fear of death, of the slow process of dying, of facing the unknown, of the pain of leaving us, his family, and of the intense loneliness of dying that Kumar recoiled. It was this that separated him from me.

Our family and friends who had prayed for healing for Kumar, were shocked at his decision. Coming to terms with the fact that someone you love has a terminal illness that cannot be cured, is probably the most painful part of life. Often it is difficult for close family members to face up to the truth and to offer the love and support that the sick person and the family need.

The day after we left the hospital was Sunday. I had bathed Kumar and we sat in our garden in the sunshine surrounded by our flowers and some close family and friends. Our pastor had come with bread and wine for a last communion service — a service of unction for Kumar. He was also going to anoint Kumar with oil and pray for “healing or release”. Each of us there participated in this action. It was an act of consecration when every hand laid lovingly on Kumar became the healing hand of God. The love in all our hearts, our prayers, and the words of the communion service spoke deeply to Kumar. After the service, his face was radiant. Gone was the tension, the fear, the pain, and the terrible anger that had been part of his life for so long. In his heart he had finally accepted the inevitable. He finally committed his tormented spirit and worn-out body to God. “Your will O God, and if that means taking me away from all that I love, so be it”. As he voiced this prayer in his heart, peace settled on him beautifully.

Both of us were filled with a sense of urgency from then on. Every hour became a celebration of life and our love for each other. We had a last game of scrabble. We listened to our favourite music, looked through all our photo albums and spent all our time with our children. James our eldest son was fourteen, John was ten, and Mallika our daughter, was just fourteen months old — spending time with their father became a priority for them. They would sit out in the garden in the sunshine and listen to his jokes, read to him, and play ball gently with him. Mallika would bring her little duck (a real one!) to him and together they would feed it pieces of bread. Kumar could still enjoy simple everyday activities with the children.

Friends from Vellore came to see us often bringing lunch or dinner with them so that we would have more time together. Caring neighbours sent us special food as it was a time when all our appetites were low. The flowers from the altar at church were sent to us with little love notes. All this made Kumar and us feel special and much loved. As a family we began to see the many facets of healing. People’s minds are usually fixed only on physical healing. “What does healing really mean?” Kumar asked a colleague who was crying for him. “Freedom from pain? A reversal of the disease? A return to the kind of life I lived before? All that is healing of a kind. But there is a healing that is much more.”

The month that Kumar lived after he made the decision not to return to hospital was the saddest time of our lives. But it was also the best. We learnt to be honest with each other, to share all that was in our minds and hearts, and were free to live and love in a specially profound and complete way. We learnt too that although we say ‘till death us do part, love in fact is stronger than death, and when faced bravely and with faith, death can be as binding and as positive an experience as love.

Usha Jesudasan, 6 East Coast Road, 12th Gandhi Nagar, Vellore, Tamil Nadu, India, Phone: E-mail: usha56@md4.vsnl.net.in
This list includes names and addresses of some useful contacts and publications to help you to assist individuals and families who are encountering death and bereavement, and to care for those who are dying.

**WCC PUBLICATIONS**

**Overcoming the threat of death: A journal of one Christian's encounter with cancer** A series of personal reflections by Arie Brouwer, the former deputy general secretary of the World Council of Churches. This is a 105-page publication. ISBN2-8254-1125-6.

**The hospice movement, providing compassionate and competent care for the dying.** Contact No. 122, 1991. This issue is a valuable resource for those who are setting up or planning to initiate a hospice or to organize care for those who are terminally ill.

**Death and life in different cultures** A report of a very interesting seminar on the theme, death and life in different cultures, organized by the Christian Medical Commission, WCC and the Ecumenical Institute at Bossey, Switzerland in 1981.


**We miss you all. Noerine Kaleeba. AIDS in the family** A personal account of an Ugandan family coping with the practical and spiritual struggle during the mourning period. Published in 1991 by the Women and AIDS Support Network Book (WASN) Project.


**I will lie down in peace** by Usha Jesudason. An account of how one family converted the confusion, pain and loneliness of terminal illness into a positive and healing experience. 1998. Available from Rupa & Co. and East West Books. ISBN 81-86852-21-2. Cost: Rs150/-.


**In life and in death we belong to God: euthanasia, assisted suicide and end-of-life issues — a study guide** This 59-page book published in 1995 examines the theological issues emerging from the debate on euthanasia and assisted suicide. Available from Presbyterian Distribution Services.

**Principles of Palliative Care** This is a compendium of study materials on caring for terminally-ill patients prepared by Graham. E. Marlin. This useful volume contains sections on understanding life-threatening illness, care following death, symptom control in patients dying of HIV/AIDS, ethical issues associated with life-threatening illness and loss and grief. Available from CMAI. Price US $7.50 inclusive of postage outside India.

**Grief and bereavement: understanding children** This booklet prepared by Ann Couldrick will help you to understand some of the ways in which children respond to grief and how you can help children. Available from The Study Centre.

**Death Studies** a journal that assists those who work with the dying and their families. For a free copy send your name and address with the word “Death Studies Free Sample Copy”, Taylor & Francis Ltd, Rankine Road, Basingstoke, Hampshire, RG 24 8 PR UK

**Death & Dying** a website for those who have lost a loved one to death, are anticipating the loss of a loved one or who are facing their own death in the near future.

**Ms. Nanda Chandrasekharan** Team on Mission and Evangelism, Cluster on Issues and Themes, World Council of Churches, 150 Route de Ferney, P O Box 2100, 1211, Geneva 2 Switzerland

**OTHER PUBLICATIONS**

**Jacana Education** Private Bag 2004 2041 Houghton South Africa

**WASN** P.O Box 1554 Harare Zimbabwe

**Collier Books** http://www.amazon.com/

**East West Books** Madras. and Rupa & Co. 7/16, Ansari Road, Daryaganj, New Delhi 110 002, INDIA.

**Warner Books**, Little Brown and Company (UK), Bettenham House, Lancaster Place, London WC2E 7EN, UK

**Presbyterian Distribution Services**, 100 Witherspoon Street, Louisville, KY 40202-1386, USA.

**CMAI, New Delhi** see address at the back

**The Study Centre Coordinator**, Sir Michael Sobell House, Churchill Hospital, Oxford OX3 7LJ, UK

**Death & Dying** http://www. death-dying.com , e-mail: webmistress@death-dying.com
ABANDON OURSELVES INTO GOD’S HANDS

ROMANS 14: 7-9

The following reflection has been prepared by Rev Elisabeth Schlunk, an ordained minister of the Evangelical Church in Württemberg, Germany and chaplain at the Tropenklinik Paul-Lechler Hospital, German Institute for Medical Missions (DIFÂM), Tübingen.

Life has a meaning beyond human understanding. The words, “for none of us lives to himself, and no one dies to himself” can seem incongruous to those who live lonely lives, to those who because of youth, wealth or other reasons think they are self-sufficient, and to those who die marginalized and excluded.

The truth is that throughout our life we need other people — our neighbours, friends and relatives. As much as we need our fellow human beings, we need Christ as our neighbour, friend and brother.

Read Roman 14:8
Can we say that we always “live to the Lord,” living a life for Christ, with his power and in close communion with him? What do these words mean to a person facing the end of a sad, hard and lonely life? Has his or her life been a waste? What about others facing death who recall their faults, missed chances, and tragic strokes of fate — and wonder about life’s aim and meaning? Have their lives been a waste? Surely that is not a Christian view.

“In Christ” our lives have aim and meaning
Whether we live or die, we belong to Jesus — the Lord of both the living and the dead, who restores us to wholeness. And when we die, like Paul can we say, “and if we die, we die to the Lord”, abandoning ourselves into the hands of Jesus, stretched out towards us from the cross.

A patient, terminally ill with a brain tumour chose to receive Holy Communion in order that he could experience peace. I sang the well-known hymn to him: “Your word is true and does not deceive, it holds its promises in life and in death. Now I am yours and you are mine, I give my life to you.” The patient held the crucifix very tight and then touched it with his lips.

Read John 21:1-6
If we rely on ourselves, as Peter did when he called the other disciples to go fishing, our nets too will remain empty. When the resurrected Christ met the disciples on the shore and sent them out fishing again, their nets were full of fish.

A preacher who was very ill himself, understood the incident of the full nets in this way. “Maybe even the last night, that night of death that everybody will have to go through, will be different if I know: in the morning, Christ will meet me on the shore.” Certainly the morning will be unlike all we have ever known.

Questions for discussion
1. People of different faiths or no particular faith participate in discussions about meaning in life. How important is “meaning in life” according to the article by Sr. Mary Grenough on death and dying in different cultures and the personal experience of Usha Jesudason?
2. What is the impact of the Christian understanding of death on our work with those who are dying and with their families?

This Bible Study was translated from German by Heike Scaal.
SUSTAINABILITY OF CHURCH HOSPITALS IN DEVELOPING COUNTRIES

What role must hospitals play in the “healing mission of the church”? Christina de Vries, medical advisor to several Dutch church-related donor organizations introduces Sustainability of church hospitals in developing countries — A search for criteria for success by R.K.O. Asante, based on a qualitative study on viability, quality and management of church-owned hospitals of 43 hospitals in nine African and two Asian countries.

One of the first chapter of this interesting book deals with the Theological Perspectives regarding Health Care and the Church. Many churches in Africa and Asia interpret Jesus’ command to his disciples on preaching, teaching and healing as inseparable core tasks of the church, and they are therefore important providers of health care in their respective countries.

Location

The author rightly points out that many church health facilities as they aimed to address inequalities in access to health care, were built close to the poor, in quite unfavourable settings. Further, competition with private health care facilities have eroded the catchment areas of hospitals in many parts of Africa as paying patients now have more choice. Research in Zambia demonstrated that (in spite of what we would like to think), the quality of church hospitals, largely due to lack of professional management, is no better than other providers.

The dilemma between health institution striving for sustainability and poor people struggling for accessible and affordable health care, seems to be impossible to resolve. In the comparison between sustainable hospitals versus “at risk” hospitals communities score the first category as being ‘too expensive, few can afford’ and the second category as ‘expensive and also not good value’.

A survey Dr. S.Flessa on Costing of health services of the Evangelical Lutheran Church of Tanzania (ELCT) revealed that:

- Costs of adequate health services were much higher than expected, depending both on the administrative efficiency of the hospital and the scope of services offered.

“Allocative” efficiency

In Tanzania, according to Flessa, the increased technical efficiency will not guarantee the survival of church-related health care unless “allocative” efficiency is improved. Allocative efficiency means reallocation of funds to lower levels of health care services, to cheaper-to-run and more affordable dispensaries and health centres. According to Dr. Flessa’s study when health care remains hospital-
UPDATE

Quality, good management and visionary leadership are vital if church-owned health care are to survive.

based, it is not realistic to strive at once for both “sustainability” and “affordability”.

Sustainable health systems

It might be better to examine the sustainability of an entire health system run by a church. The whole range of health services will be appropriate, more utilized, cost-efficient and viable if the following conditions are met.

• logical geographical distribution of primary health care facilities
• good referral line to one or more hospitals and, or specialized institutions
• and appropriate preventive health care activities

Christian Organisations Research Advisory Trust (CORAT) Africa, organized a consultation on “Church in health service provision and her strategic choices” in December 1998. An increasing number of hospitals in Africa face great financial problems. Should churches cling on to their hospital institutions or should they adapt to new conditions? Is cooperation or collaboration with government structures the way ahead?

Sustainability of church-owned hospitals is linked to the quality of health care services. And quality is linked to the vision, the quality of management and the leadership. With good internal monitoring systems, preventive maintenance, cost-conscious management and alternative financing schemes need to be developed.

Though interesting, some of Dr. Asante’s examples of best practices contributing towards the success of a hospital are debatable. Letting ex-patients work in the hospital laundry for some weeks (work-for-bill) to pay for their treatment may trap poor patients further in a downward cycle of poverty.

Needed a vision

The central message of the book is that though essential, good management and leadership alone, will neither achieve sustainability in church-owned hospitals nor make them accessible. Church leaders need to develop a clear vision of the role hospitals can play in the “healing mission of the church”. There are many tasks both health professionals and church members can play outside the hospital walls. All of us must work together so that the church can sustain, nurture and support the journey to health and salvation (health and salvation come from the same Latin word). We cannot leave the entire responsibility to hospital personnel.

Resources

2. Church in health service provision and her strategic choices, Unpublished conference papers, December 1998. CORAT, P.O.Box 42493, Nairobi, Kenya. E-mail: coratafrica@maf.org

Christina de Vries, Medical Coordination Secretariat (MCS), Leidsestraatweg 11, P.O. Box 12, 2340 AA, Oegstgeest, The Netherlands. Fax: 31-(0)-71-5153601 E-mail: mcs44@xs4all.nl
I want to thank you very much for your wonderful issue of Contact 164. I sincerely appreciate your good comments on Africa. It is rare to read anything good about Africa. Though there are many bad things happening in Africa, there are several good initiatives in our continent. Unfortunately news about developing countries is usually negative.

One of the most beautiful things in Africa is "family". In many other places, it is difficult to even define the word "family". To me this is so sad because our society is bound to disintegrate if we lose the institution of the family. Many people including your journal have noticed that in Africa "hope and poverty thrive together". The secret is in our family network. The "new" concepts of partnership has existed within African family circles for many years even though there has been a lot of pressure due to hard economic times. Our cry in Africa now is to be allowed freedom to be and to practise some of those noble lifestyles that have knit us together for a long time. We are willing to share this rich heritage with developed countries to contribute towards achieving a "healthy and just society".

Japheth Yegon
Tropical Institute of Community Health
E-mail: tich@net2000ke.com

Thank you very much for sending us Contact 164. We got it safely. I am grateful to Contact for continuing the work that has supported the health sector in our parish in the field of knowledge sharing. Our friends in Switzerland have been helping us for a good number of years. I am happy to see that you have decided to continue the good work done by your predecessors.

I wish you success in your ministry.

Reverend Szekate
Kampala
Uganda

USEFUL PUBLICATIONS

A journey of faith
Under the Mupundu tree
From words to action

The family in Africa

Twenty-three low-income communities in Zambia’s Copperbelt Province, in a programme coordinated by Ndola Catholic Diocese has successfully integrated TB control into home care for people with HIV/AIDS and their families. Over 500 volunteers, mostly women, are the key to its success. This 68-page book and video is from Strategies for Hope, a project of the British NGO, Action Aid, Price: book: £ 3.50; video £ 35 (PAL) £ 25 (NTSC). Free for organizations in Sub-Saharan Africa from TALC, P.O Box 49, St Albans, Herts AL1 5TX, UK. E-mail: talcuk@btinternet.com.

Strategies for Hope, 93 Divinity Road, Oxford OX 1LN, UK fax 44-1865-722 203. E-mail: stratshope@aol.com. Website: http://www.stratshope.org

A guide to the 4th International Congress on AIDS in Asia and the Pacific and the 12th World AIDS Conference in Geneva,
An useful and refreshing approach to the usual conference “proceedings”, From words to action is available from Dr Vicente S. Sala, Programme Manager, HIV/AIDS, UNDP, 7th Floor, NEDA sa Makati Building, 106 Amorsolo Street, Legaspi Village, 1229 Makati City, Philippines. E-mail: vicente.salas@undp.org

A journey of faith
You can use this series of 16 posters, on the journey of faith, human rights (justice and peace issues), Jubilee people: (people at risk) and church and community, individually, in sets, or in their entirety. The posters will help you mark and celebrate the 50th anniversary of the WCC, show the ecumenical context for mission & evangelism or provide resource material for Bible study groups. The set is priced at Swiss Francs 50. Postage extra. Available from World Council of Churches / Visual Arts, 150 Route de Ferney P.O Box 2100, 1211 Geneva 2, Switzerland. E-mail: photo@info.wcc-coe.org
ANNOUNCEMENTS

People’s Health Assembly 2000
To be held from December 4-8, 2000 near Dhaka, Bangladesh, the People’s Health Assembly aims to present, discuss and translate the long and rich experiences of different groups and communities around the world in health and health-related issues into clear, practical and democratic policy guidelines.

The Assembly will be preceded by extensive preparatory activities and will be followed up by advocacy, campaigning and improved networking among the participating individuals and organizations.

Pre-Assembly Activities. A People’s Health Charter will be developed to be presented and further refined at the Assembly. Pre-assembly activities will include:
• Analysis of the major health issues facing the world.
• Country and regional meetings on strategies to address priority health problems.
• Case studies, experiences and “people’s stories” to describe people’s experiences of health and health problems, their analysis of causal factors, their initiatives, examples of success stories, failures and proposals for the future.

Assembly activities. Keynote addresses, analytical presentations, sharing of people’s testimonies and stories on health practices and concerns, workshops, debates, cultural and audio-visual presentations, exhibitions and the discussion and endorsement of the People’s Health Charter.

Forum. Directly following the Assembly, a one-week special ‘Forum’ will be organized for those who want to deepen their understanding of the issues and enhance their skills.

Post-Assembly activities. Coordinated advocacy and lobbying at the local, national and international levels; and the publication of material related to the People’s Health Assembly.

Contact: Janet Maychin, PHA Secretariat Consumers International Regional Office for Asia and the Pacific (CI ROAP) 250-A Jalan Air Itam 10460 Penang Malaysia, Fax: 604-228 6506, E-mail: Phasec@pha2000.org, website: http://www.pha2000.org

IBFAN INFO LAUNCHED!
Contact readers will be interested in the newly launched newsletter of the International Baby Food Action Network (IBFAN), a coalition of public interest group that aims to improve the health and well-being of children through the protection, promotion and support of breastfeeding and optimal complementary feeding practices. The newsletter will monitor dangerous marketing practices and continue lobbying and advocacy. It will be distributed worldwide and translated into Spanish, Portuguese and French. Available from INFACT Canada, 6 Trinity Square, Toronto, Ontario, Canada M5G 1Bi. E-mail: infact@fnf.net

Contact is the health and community development magazine of the World Council of Churches. The publication deals with various aspects of the churches’ and community’s involvement in health, and seeks to report topical, innovative and courageous approaches to the promotion of health and healing.

Contact is published by a partnership of the World Council of Churches (WCC); Christian Medical Association of India (CMAI); German Institute for Medical Missions in Tübingen (DIFAM), and Medical Coordination Secretariat of the Netherlands (MCS). It is published four times a year in English, French and Spanish. Present circulation is approximately 15,000.

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Contact is also available on the World Council of Churches website: http://www.wcc-coe.org

The average cost of producing and mailing each copy of Contact is US $2.50, which totals US $10 for four issues. Readers who can afford it are strongly encouraged to subscribe to Contact to cover these costs.