

incest, rape, spouse rape, unwanted pregnancy, dehumanizing medical assistance in gynaecological consultations and pre-and post-maternity care, loss of employment for pregnancy, the demand of sexual favours by employers, the exploitation of women's bodies for advertising, clandestine and unsafe abortions, sexual jokes, sexual illiteracy, indifference of the legal system to sexual crimes, negligent attitudes of the authorities upon making accusations, trafficking of women, sex tourism, pornography and prostitution.

Rape is much more than forced vaginal penetration; it includes insult, humiliation and aggression. It is violence expressed in its maximum form. It carries serious consequences on the psychological and physical levels, including lacerations, the risk of venereal disease and AIDS, and the risk of pregnancy which makes rape even more traumatic.

Health consequences

These forms of violence could be non-fatal in outcome but injurious to physical health with long-term consequences on the psychological and emotional health of women. Some manifestations of psychological and emotional disorder are depression, anxiety, multiple personality disorder, eating disorders and problems in sexual relationships. Impairment of physical health include lacerations of genitalia, injuries on soft tissues, sexually transmitted diseases, pelvic inflammatory diseases, unwanted pregnancy, headaches, and other consequent injuries like abortion.

Violence against women could have fatal outcomes such as homicide of aggressors and victims and suicide. Health injuries are immediate and represent the direct outcome of beating



Chris Black/WCC

or rape. The World Health Organization affirmed that rape and domestic violence among women between the ages of 15-44 is a major cause of disability and ill health on the global level.

What churches can do

The gravity of violence against women demands greater attention in the agenda of the churches. The World Council of Churches was called upon to initiate a process of repentance for the conversion and renewal of the church, its leadership, theologies, traditions and practices and to use the occasion of the Ninth Assembly for assessment and accountability. In a letter to the Eighth Assembly delegates in Harare, the women suggested the following initiatives for the churches:

- *"The creation of caring and safe spaces and atmosphere for women to speak out fearlessly about the violence and abuse they experience, so that the culture of silence is broken.*
- *The exposing of all male sexual*

More than 1000 women gathered for the Ecumenical Decade Festival in Harare from 27-30 November 1998.

Sexually abused women suffer physically, psychologically and emotionally.

We must confess the sin of violence against women and experience the healing power of forgiveness.

abuse, especially by those in positions of church leadership.

- *The creation of restorative justice processes where both the victims of violence and the perpetrators can experience, in the light of truth telling, the power of forgiveness and reconciliation.*
- *The critical examination of all use of Bible and theology that seek to sanction the spirit and presence of violence.*
- *The denouncement of all initiatives of war and the initiation of steps, civil and church, to de-legitimise war."*

**“Message of Hope”
for abused women**

What could be the healing message for women who experience violence? First of all, we need to recognize the validity of their claims. “We believe you. This is not God’s will for you. It is not your fault. Your safety and well-being are our first priority. You are not alone, you live in God’s world and we are with you.” (Bali Declaration, 1993)

The commitment of church leaders is very important. In Harare, WCC’s general secretary, Konrad Raiser declared his commitment “to work for and encourage a community of women and men where the sin of violence against women can be confessed and the healing power of forgiveness can be experienced.”

Creative worship around healing would be an important step. The healing is needed not only by the woman affected but also by the whole church. The pain of one member becomes the pain of the whole church.

A Healing Act

A way of healing is to offer all the stories and all the feelings of pain and sorrow to God. Chung Hyun Kyung led the participants from “crucifixion to resurrection” through liturgical dance, music and gestures

using the shaman tradition of healing from the country of her origin – Korea.

The healing act can be modified to suit the gathering. One can begin by breathing in and breathing out. Then some gentle and solemn movement of parts of the body to express one’s feeling of interconnection with God, with each other, with self, and with creation is creatively expressed.

In the case of feeling the pains of violence, the community can offer their stories before God. Leader says: “Let us come with outstretched arms before God to offer our stories that have brought pain in our lives.” (Stretch out arms on both sides with palms up to receive the Holy Spirit.)

Leader says: “Let us receive the Holy Spirit into our lives and receive empowerment and renewal.” (Fold arms across chest.)

The colours of the rainbow could be spread out giving the women the possibility to touch the piece of cloth like the woman reaching out to touch the hem of Jesus’ garment. The leader could use a stole with many colours to wrap around the body. Then all could reach out to a neighbour and touch their hands or shoulders saying together or singing: “Changes. Changes. Everything I touch changes.”

In Harare, we ended by having our hands coated with paint and as we left the room we imprinted our hands on a big cloth hanging on the wall.

Words are not the only creative way to express our pain. We can also use new gestures, meaningful body movements, and songs appropriate for the ritual of healing. Most of all, a community to share the responsibility of naming the pain, acknowledging our common vulnerabilities, and our capacity to make changes when we are together.

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Chung Hyun Kyung from Korea takes part in an act of healing during the worship at the Ecumenical Decade Festival.



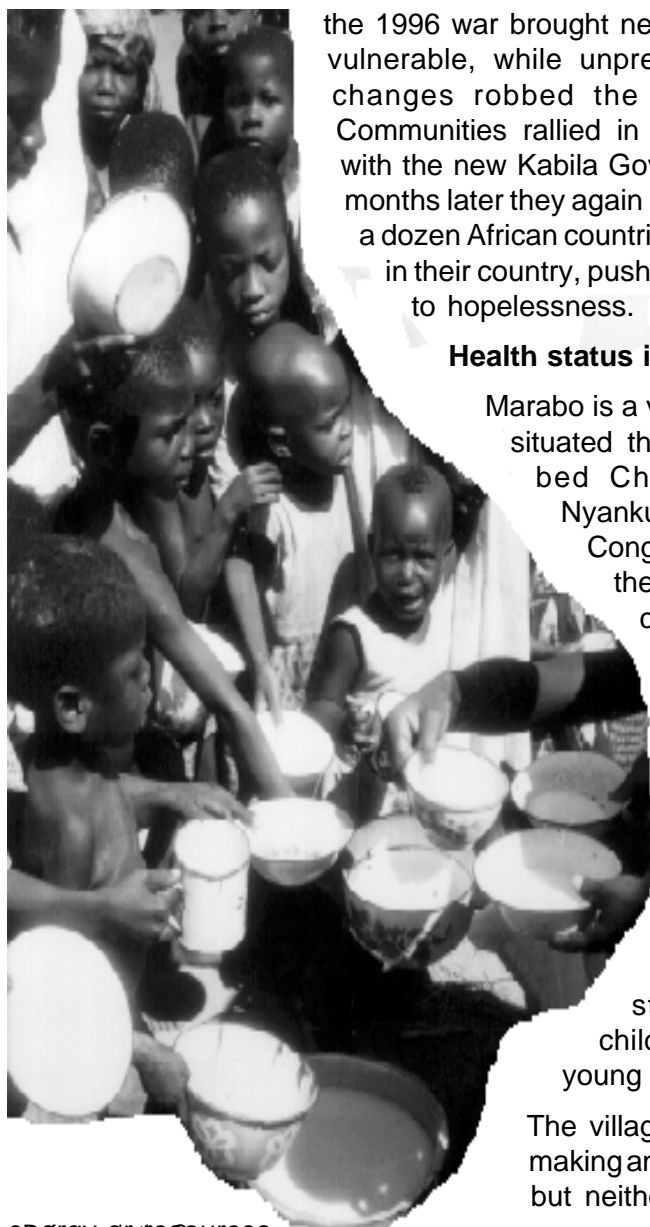
Chris Black/WCC

HEALTH IN SITUATIONS OF INSECURITY

Community based health and development work may make the difference between life and death for people living in insecure situations.

Patricia Nickson describes an initiative of community-based health work from Marabo, in the Democratic Republic of Congo (DRC).

Communities have been severely disturbed by instability during the past 18 years. Excessive, rapid and continuous devaluation and inflation has left many families destitute. The arrival of over a million Rwandan refugees in 1994 and the 1996 war brought new hardships and death to the vulnerable, while unpredictable and erratic climate changes robbed the land of several harvests. Communities rallied in anticipation of improvements with the new Kabila Government in 1997, but only 15 months later they again lost hope as they watched over a dozen African countries fighting against one another in their country, pushing them again from destitution to hopelessness.



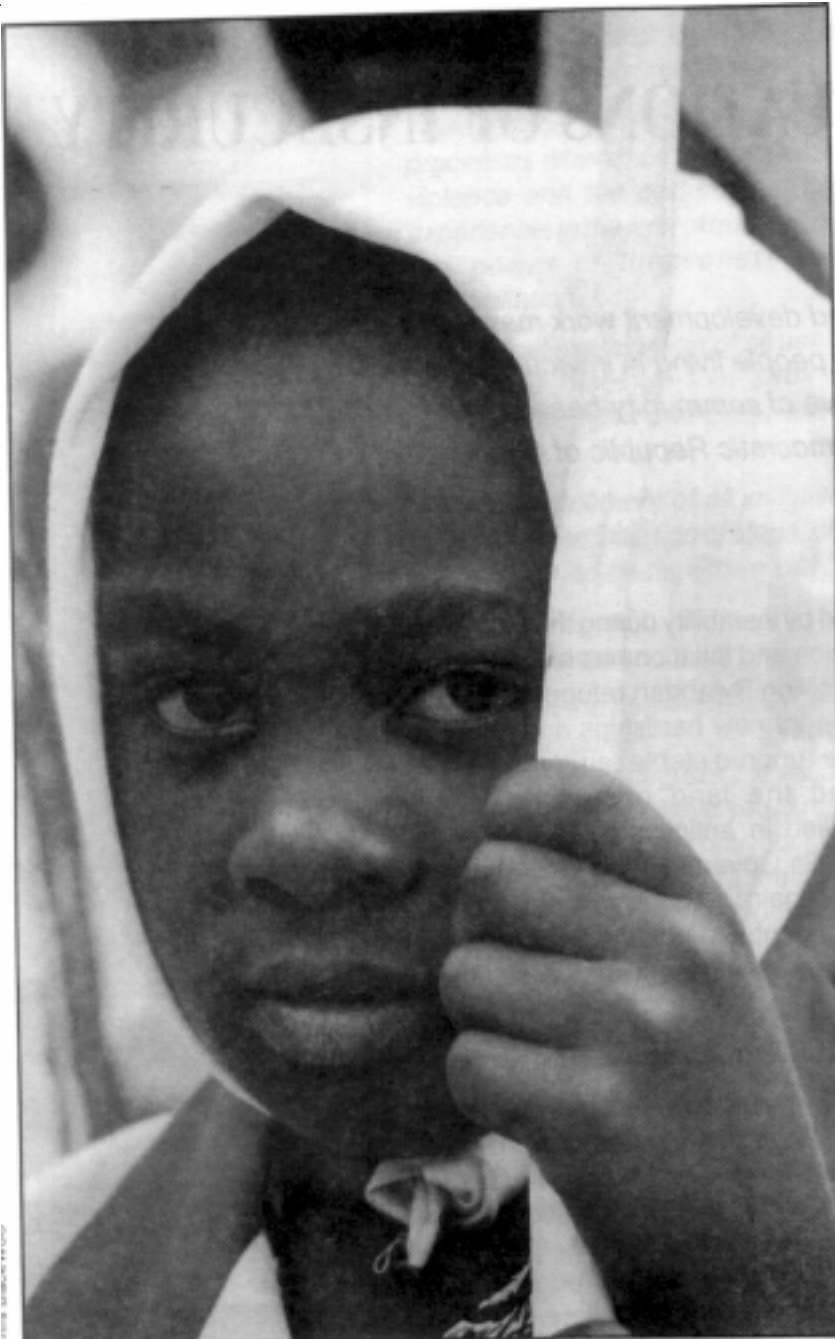
Health status in destitute situations

Marabo is a village of some 5,000 persons, situated three kilometres from the 250-bed Christian Medical Centre of Nyankunde, Democratic Republic of Congo (DRC). In July 1997, following the war and a long dry season, community members facilitated by the Institut Panafricain de Santé Communautaire (IPASC) conducted a health survey of their village. To their consternation, they found that 53% of their children between one and five years old were malnourished and only 23% were fully immunized. There were many stories of mothers dying in childbirth and of deaths among young children.

The villagers had the reputation of not making an effort to improve their situation, but neither did they have much hope,

War and bad harvests combine to threaten childrens' health.

WCC
energy or resources.



Often the first signs of a community's transformation is seen in the children. Previously weak and malnourished children blossom into cheerful and energetic youngsters.

When immediate survival needs were solved the community focused on improved health care.

Working beside those in insecure and impoverished situations

IPASC staff and students visited the village several times a week, just to associate themselves with the community and listen to their problems. The community was puzzled by the attention they were receiving, since they had felt abandoned for many years. Within 10 days, they formed a committee so that they could organize themselves and consider their problems logically. The immediate need was that of the malnourished children. The committee asked for work so that the women could

buy food and give a communal meal to the weak children. A few weeks later, with the communal meal already having changed many of the pathetic children into cheerful toddlers, the community asked for spades for digging in return for work. The IPASC agriculturalist went out with students to give advice on what could be effectively and economically grown. Soon, gardens started to sprout soya and other nutritious foods.

The next need the community expressed was that of a protected water source. A student spent several weeks with the community, working with them to clear trees and vegetation from a spring, and to put in a pipe and a cement apron to protect the spring. IPASC was able to purchase the cement, but the community provided all the work and the keep of the student. Interestingly, Marabo's protected water source meant that it was one of the few villages in the area spared from a recent vicious cholera epidemic.

Only when the malnutrition, agricultural and water problems had been solved, did the community turn its attention to the need for improved health care. The old hut that previously served as a health post, had almost fallen down. IPASC purchased a few essential drugs, and sent a fourth year student, named John, to work with the community. John's caring and listening attitude quickly won a warm response. The committee planned a new health centre. A community member immediately gave 8,000 bricks towards this, while others dug up large stones and rocks for the foundations.

Despite the present insecurities, the community continue with their work — no longer despondent, and with little malnutrition and few un-immunized children.

Patricia J Nickson

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TURN TO THE GOD OF LIFE

LUKE 13.10-17

*Eunice Santana, a former president of the WCC,
has prepared the following reflection*

Christians affirm that through Jesus' ministry and priorities, God's will and purpose for humanity was revealed. Through his life of service and actions of compassion, Jesus reminds us of God's gift to all and his intention that all may enjoy life in abundance — of wholeness, happiness and well-being.

Read Psalm 146.7-9

In the Old Testament, life in abundance can be related to living to a ripe old age, within a setting in which the person's basic needs are met (Psalm 146.7-9; 135.14-16). This initial plan was altered and relationships based on greed, injustice, inequality, oppression, domination and exclusion became the norm.

The Gospels present Jesus to us in constant interaction with people in need: the poor, the sick, the outcasts, the marginalized, the disadvantaged. In response to their needs, he confronted the unjust order and the persons responsible for creating such conditions. He proclaimed a different order in keeping with God's will and the promise of abundant life (Matthew 14.13-21).

Wholistic approach

Healing was a major activity of Jesus' ministry. The poor lacked adequate health care and many were condemned to painful, isolated and meaningless lives. While healing people, Jesus broke the myths that distanced them from God and prevented their full participation in society. He made it possible for people to turn to the God of life, regain their dignity and self-respect, become fully integrated into the community, and praise the living God (Mark 2.12). He freed them from feelings of guilt and shame associated with their illness (Luke 8.48). His approach integrated them.

Now read Luke 13.10-17

Jesus by healing people without making any reference to sin challenged the prevailing belief that illness was the result of sin. In the act of healing, he touched the sick, including women and lepers, without any regard to the existing taboos that distanced men from women and isolated the sick from those who were well. It is believed that in the case of the bent-over woman (Luke 13.10-17) Jesus called attention to her presence in the temple, a place forbidden to women, and gave her an even more prominent place within it. He healed people on the Sabbath, a life-giving action that restored the day to its original meaning: of being dedicated to God through liberating service to one's neighbour.

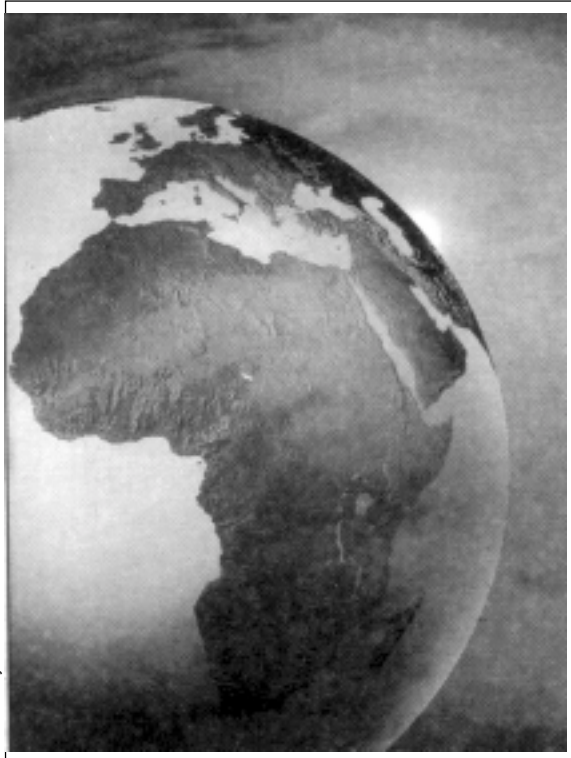
Christians were entrusted with the mission to preach, teach and heal individuals and society in order to enable life in abundance for all. To be able to effectively combat the "malignant spirits" that afflict people, we have to name these "spirits" through contextual and global analysis.

Increased poverty, armed conflicts and an over-all unjust order create conditions today that are very similar to those existing during Jesus' ministry. To enable abundant life, the churches can facilitate people to work at life-restoring actions transforming the conditions that cause suffering and illness.

Questions for discussion

1. Who are the people in need in your situation?
2. What could the churches do to reduce their suffering?
3. What do we mean by abundant life?

Speaking of health at Harare



Chaz Mavivane - Davies

More than 600 workshops, dramas, exhibits and discussions were offered in the three-day "Padare" (a Shona word meaning meeting place). The Padare offerings ranged widely on subjects that were not always part of the official agenda of the Assembly, including disability, health, healing and wholeness, human sexuality, human rights, communications, and economic concerns.

The intent of the Padare, was "to serve as an indicator of the **problem points**, the **open questions**, the **new horizons** that people are beginning to explore." Some presentations, including the one on facing AIDS and others that dealt with sexuality issues attracted 100 people or more. But Padare offerings were strewn all over the campus of the University of Harare where the Assembly was held. Some very important issues drew almost no participants.

We focus on some of the Padare sessions related to health issues.

Co-operation for sustainable health care

The WCC Pharmaceutical Programme/Community Initiatives Support Services (CISS) proved that humorous role-plays and debates can often communicate extremely complex ideas very simply. Should churches be involved in the provision of health care? Or should they leave health in the hands of the government (which anyway is collecting taxes) and to enterprising private practitioners? Towards the end of a spirited debate a participant emphasized that churches' role in health care provision is very **comprehensive** and includes community activities such as primary health care, reconstruction, comforting, fighting for justice and advocacy.

- When the pharmacy gets full of "consignments of appetite stimulants and anxiety drugs" it is time for a drug

Action points

- Hiring qualified health persons, and encouraging them to attend regular courses on drug management.
- Being specific about drug needs.
- A drug list agreed by the doctors and a revolving fund for pharmaceuticals.
- The clergy and the health professional working together for the good of all.

and pharmaceutical committee, as the doctor at the Hali Ngumu Hospital discovered in a role play written by Albert Wndango and Eva Ombaka on management of drugs. To treat patients with malaria, diarrhoea, respiratory disease and parasites, a pharmacy needs antibiotics, chloroquine, and paracetamol, not appetite stimulants.

Faced with packets, brand names, pack sizes, used, new and even expired drugs, the pharmacist confided that some drugs were unknown "even to our doctors..."

“ ‘Turn to God – rejoice in hope’ has a lot of meaning for people with disabilities,” according to Peter Mawindo, a Zimbabwean who has helped to develop a local sports club for disabled persons. “Their disability does not demand pity but acceptance that results in a more inclusive Christian community.”

Mawindo had facilitated members of the Siyeza Drama Group, a Bulawayo-based community arts programme for young persons, to present an original play, “A Time to Change”, with Shona singing and drumming, aimed at increasing awareness of the needs of children, women and men with physical and developmental disabilities. The play focused on the issue of discriminatory employment practices. Persons with disabilities are marginalized and therefore more vulnerable to the effects of poverty and economic crisis.

The Fifth Assembly in Nairobi, 1975 declared that “The unity of all people requires the full participation of disabled people in the life and liturgy of the church”, (*Contact* No. 46 in August

1978). Yet, according to several differently-abled participants at the Eighth Assembly, the full participation of the differently-abled in the life of the church has not become a reality. Cathy Reeves, from the United States, told the delegates that the involvement of people with disabilities in the Assembly was not visible. “We do not have a say (in the proceedings). There are no quotas for us.” “The Assembly has talked about women, youth, and everyone else, but not about disabled persons,” says Mawindo.

The church community needs to do more to **recognize persons with disabilities as full human beings**. Often the differently-abled are still not well accepted, except within “our own community of disabled persons” according to Mawindo. Peter Mawindo and Simone Poortman, a delegate from the Reformed Churches in the Netherlands were vocal that the welfare of disabled persons requires greater commitment. In the New Testament, Jesus was open to the cries of the disabled person.

The differently-abled challenge us to be inclusive communities



*“The unity of all people requires the participation of disabled people in the life and liturgy of the church.”
- Fifth Assembly of the WCC at Nairobi 1974.*

A presentation at a plenary during the Eighth Assembly. Churches are called to be inclusive communities, recognizing the gifts of our brothers and sisters who are differently-abled.

Farm workers and the need for health and safety



Migrant farm workers live and work in extremely hazardous conditions.

The major concern of the ecumenical agenda must be refugees, displaced persons and migrants.

CATA Farmworkers Support Committee, an organization of farmworkers in the US, decided to educate the community about the social factors that influence their health and safety with the aim to establish adequate safety measures and to promote economic and social justice. CATA has been successful in its efforts. While HIV/AIDS prevalence is low, **infant mortality and illness related to exposure to chemicals are high** in these communities.

Nelson Carrasquillo, from CATA, explained how the policy of ensuring an abundant food and cheap food supply in the United States had repercussions on farmworkers. Farmers in USA have little control over prices, seeds, or the choice of pesticides but since the US has not ratified the UN Convention on Migrants, farmers have neither to satisfy minimum wages requirements nor provide healthy working conditions for their workers. Though there are stipulations that no one must enter a field for six hours after it has been sprayed with pesticides, many farm workers are forced to do so.

Many farm workers from Mexico and other Central American countries came enticed with promises of high income, but they did not take into account the high cost of living in the US.

Philip Potter, a former WCC General Secretary, at the Recommitment Celebration at the Assembly stressed that the major concern of the ecumenical agenda now and in the future should be "refugees, displaced persons and migrants". The CATA has spoken in many churches to raise people's awareness about the social condition of farmworkers and Nelson Carrasquillo advises groups in other countries to, "network because all of us have the same reality."

CATA

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Keep addiction concerns on the agenda

Both drug abuse and alcoholism are associated with risky and unprotected sexual activity that might lead to acquiring AIDS. While there were nearly 10 Padares on AIDS, there was only one on alcohol and drug abuse which was presented by a Geneva-based ecumenical organization, the International Christian Federation for the Prevention of Alcoholism and Drug Addiction (ICF). The churches support ICF and in Harare, the ICF had a young pastor in a colourful cassock riding a monocycle and distributing angel of love badges, pins and postcards. His message was that you have to be sober and have balance to ride a monocycle!

Angel of love

The Angel of Love Programmes seek to form youth groups at the congregational level who will identify with those dependent on alcohol or drugs; be in solidarity with them, give time for them and in the process learn to prevent substance abuse and addiction in the local community.

A young woman dressed in white as an angel also moved around the Assembly meeting, talking to people and distributing material on care of addicts and urging the churches to keep addiction concerns on their mission agenda.

A pastor's once-a-year fire and brimstone sermon is quite often seen as a voice of moral hypocrisy because alcohol abuse appears to be quite common among clergy in high density area churches. The church must evolve appropriate alcohol/drug policies and programmes, especially to cater to the high-density areas.



Chris Black/WCC

A young pastor finds an unusual way to convey his message about alcohol dependence while riding a monocycle.

Alcohol affects the quality of life and Christian witness adversely. Imaginative Bible studies related to alcohol abuse, care of addicts and addiction-afflicted families and pastoral training for **dealing with addiction concerns ought to become part of general church life.**

Many people are driven by economic necessity to brew alcohol illicitly and peddle drugs. But what is the excuse for a community to sell beer to generate revenue for local development? How much beer should the father drink in order to provide clean drinking water for his children? The easy availability of alcohol contributes to parties that lead to violence and disruption of normal family life.

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Relevant policies to prevent alcohol and drug abuse must cater to high-density areas.



Interfaith health for women

A courageous example of co-operation between religions is the Interfaith Initiative that was set up in 1997 in Zambia following a conference in Kenya in 1995 of the All African Council of Churches on peace, health and healing.

The interfaith network comprises of the Christian Council of Zambia, the Episcopal Council, Evangelicals, Bahai and Muslim representatives.

The interfaith initiative decided to put aside doctrinal differences and promote alternative strategies to prevent AIDS — abstinence and condoms (especially for married couples when one partner is HIV positive).

The Padare presented information about a wholistic approach to health,

which included learning about nutrition, clean water and caring for the whole person.

The role of the village community was emphasized. The village elders have a key role in conflict and crisis resolution by using faith, logic and rituals so that it becomes a “win” and not a “win” “lose” outcome.

A Muslim woman from the Initiative spoke about Muslim beliefs regarding cleanliness and prohibition of pre-marital sex. There is a strong need for churches to correct misinformation about sexuality.

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USEFUL PUBLICATIONS

Community health workers: the way forward

This WHO publication examines the present and future role of the community worker as part of ongoing efforts to develop sustainable health systems and improve public health. Lessons learned from past experiences are discussed in terms of their relevance to the market-oriented reforms currently taking place. The analysis is presented according to three main groups of factors known to have an impact on the performance of community health worker programmes. These factors are attitudes (ways to increase community participation are discussed), management and structure (practical advice for improving the functions of village health committees is given), and resources (mechanisms for securing financing from governments, communities and the private sector are described). Available in English (French in preparation), this 73-page book costs 23 Swiss francs (or 16.10 Swiss francs in developing countries). ISBN 92 4 156190 4. Order no. 1390004. Write to: WHO, Distribution and Sales, 1211 Geneva 27, Switzerland.

Health on air

Published to help radio broadcasters, health educators and communication specialists promoting health projects in developing countries, **Health on Air** may also be of interest to the media generally, aid agencies and government organizations. The manual takes a step-by-step approach to explore ways in which radio programmes can be developed locally. Divided into nine sections, it charts the key stages of programme-making from problem analysis and information selection to pre-testing and evaluation. Produced by Health Unlimited, an NGO working in developing countries to improve the health of communities affected by conflict, the book is available from TALC, PO Box 49, St Albans, Herts AL1 5TX, UK. Tel: 44 1727 853869. Fax: 44 1727 846852. E-mail: talcuk@btinternet.com

Produced by Oxfam, the full title of this publication is **Accountable aid: Local participation in major projects** — a subject likely to be of considerable interest to many *Contact* readers. The book has a critical study of the social and environmental impact of three major projects in Brazil, Uganda and in India. The book has lessons for non-government organizations and donor agencies in local participation, accountability to local communities, transparent procedures and gender sensitive planning. Available at bookshops ISBN 0 85598 374 4 for £5.95 or US \$9.95, or direct from Oxfam c/o BEBC, PO Box 1496, Parkstone, Dorset BH12 3YD, UK or in the USA from Oxfam, c/o Humanities Press, 165 First Avenue, Atlantic Highlands, NJ 07716-1289, USA.

Accountable aid

We would like to call on your cooperation for the technology transfer of the rope pump. In 1993, we published two articles about the pump in Waterlines publication and received letters from 50 countries and organizations from all over the world. Two years later, an independent evaluation of rope pump development was undertaken in Nicaragua. During the past two years, we have been preparing documents relating to the technology transfer of the rope pump. We hope mention of the pump and our information materials can be made in Contact.

Already more than 10% of the rural population in Nicaragua is benefiting from the rope pump to deliver their water. Over 12,000 units have been installed, and the rope pump is now the national standard for the rural water and sanitation sector in Nicaragua.

The rope pump is highly acceptable to users, highly efficient and easily available.

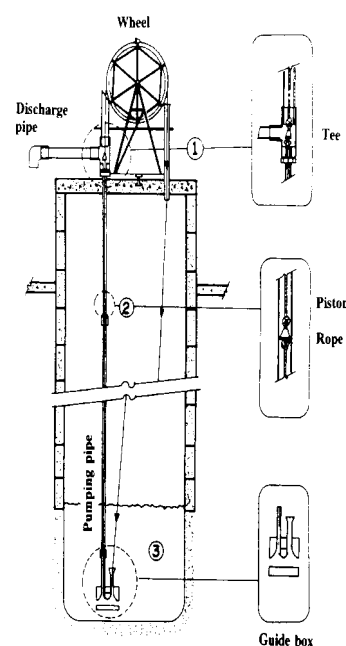
The technology is easy to install, repair and maintain. It is suitable for use in hand dug wells or boreholes up to a depth of 60 metre. The cost for a pump for family use starts at US \$75.

The Technology Transfer Division of Bombas de Mecate where I work is provided with technical assistance from the Dutch Ecumenical Development Cooperation Organization. Our series of documents on requirements, and the strategy for the introduction and production of rope pumps (available in English, French and Spanish) have been developed in a partnership with the Nicaraguan Institute for Aqueducts and Sewage System (INAA) and the Swiss Development Agency (COSUDE). Please write to me for copies.

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LETTERS

Transferring rope pump technology



Till I read the last double issue of Contact, I only knew that the Eighth Assembly of WCC in Harare, Zimbabwe was something for the theologians, but did not concern me much being the coordinator of the Catholic Health Programme in Namibia. But reading "Contact", it seemed I was wrong. I felt I should go there, learn and listen for my job and myself.

The Council of Churches in Namibia did not know much about the programme, but DIFAM in Germany was very encouraging.

Namibia ranks world-wide number three in HIV prevalence. The trip inspired me to face the new millenium with churches in health, especially with the HIV/AIDS epidemic.

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Good wishes to Contact

Dear friends,

what a big surprise to suddenly receive Contact from India.

This is to wish the editor, Darlena David as well as the whole editorial committee great

success and also a lot of joy in your difficult endeavour initiated by a few key organizations.

*Hildegard Bromberg Richter
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Brazil*

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Orders from industrialized countries of sets of selected back issues or bulk orders of a particular issue will be charged at the rate of Swiss francs 4, or US \$3.50 per copy including postage. This list is incomplete due to lack of space. A complete list of back issues is available on request. Back issues are available from Fernande Chandrasekharan, Mission and Evangelism Team, WCC, 150 Route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switzerland.

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116	10/90	"We have done it Ourselves!": Community-based health care programme in the Machakos District of Kenya - J. Crowley
117	12/90	AIDS: What are the Churches doing? - G. Williams, B. Rubenson, E. Senturias, J. Galvao, H. Sobel
118	2/91	Seeking Safe Water: The Community-based Approach to Guinea-worm Control - A. Foly, D. Caudill, S. Nichols
119	4/91	Health in a Search for Wholeness: The Journey of the Medical Mission Sisters - M. Pawath, S. Summers
120	6/91	Health in the Workplace: It's Everybody's Business - J. Bookser-Feister, L. Wise, P. Marin, IOHSAD, CMC
121	8/91	Children: Agents of Change in the Restoration of Their Own Rights, including Health - A. Swift (UNICEF), R. de Souza Filho, Z. de Lima Soares, Child-to-Child Trust, CMC, CREARQ Foundation
122	10/91	The Hospice Movement: Providing Compassionate and Competent Care for the Dying - C. Saunders, T. Kashwagi, T. Banks, A. Merriman

- 123 12/91 & 2/92 Saying No to the Debt - **C. Jagel**
- 124 4/92 Health Development Among the Nomadic Peoples of East Africa - **G. Kimirei, E.M. Nangawe, Mark L. Jacobson, A. Wohlenberg, F. Ogujawa, CMC**
- 125 6/92 (Re)training Doctors for Community Medicine to Meet the Health Needs of the Majority - **E. Senturias, C. Andrew Pearson**
- 126 8/92 AIDS: A Community Commitment - **E. Senturias, B. Shenk, CMC**
- 127 10/92 Leadership & Community Participation for Health (Part I) - **C. Jagel, M. Sköld, D. Kaseje**
- 128 12/92 Community-determined Health Development: A Vision of the Future from Zaire - **P. Nickson, D. Smith**
- 129 2/93 Leadership & Community Participation for Health (Part II) - **C. Jagel**
- 130 4/93 Popular communication for health: Letting people speak for themselves - **INCUPPO, EPES**
- 131 6/93 Supporting Women: Fighting discrimination to improve health
- 132 8/93 Participatory evaluation: The Patna experience - **M.T. Feuerstein**
- 133 10/93 Campaigning for breastfeeding: Church and community action - **E. Senturias, D. Smith, D. Arcoverde**
- 134 12/93 Resource centres: Building living libraries - **AHRTAG**
- 135 2/94 Population: Sharing in wiser policies - **D. Smith, A. van der Hart, A. Ortiz, S. Ravindran**
- 136 4/94 Writing about health: Say what you mean and mean what you say - **F. Savage and P. Godwin, B. Scott, B. Booth**
- 137 6/94 Coordinating agencies: Churches working together for health - **S. Kingma, M. Morgan, F. Winnubst, D. Mukarji**
- 138 8/94 Community action for health: Let's get organized! - **International PHC/NGO Group, EPES, C. Tusubira**
- 139 10/94 Rational use of drugs (Incorporating Guidelines on Equipment Donations) - **R. Laing, O. Lanza, F. Mugo Ng'ang'a, P. Brudon-Jakobowicz, E. Ombaka, HAI**
- 140 12/94 Youth and health: Taking the lead today for a better tomorrow - **Youth to Youth in Health, WORD, N. Waithe**
- 141 2/95 Financing health care: Strengthening partnerships to protect the poor - **David Werner, World Bank, WHO, Sigrun Møgedal**
- 142 4/95 Healthier tourism: Struggling for development with dignity - **Edward Cumberbatch, Peter Holden, Jack Bryant**
- 143 6/95 District health systems: Decentralizing for greater equity - **WHO, Matomora Matomora**
- 144 8/95 Women and AIDS: Building healing communities - **Erlinda Senturias, Anne Skjelmerud, Yupa Suta (presented by Mary Grenough)**
- 145 10/95 Tackling malnutrition: Can community initiatives work? **Kenneth Bailey, David Morley, IBFAN**
- 146 12/95 Health financing crisis: Can communities afford to pay? **EPES, David Werner, Daleep Mukarji, Carl Salem, Eva Ombaka**
- 147 2/96 Alcoholism and Drug Addiction - What is the Christian Response? - **J. Gnanadason, BLESS, Prisqueas Peter and Darlena David Titus, HAIN**
- 148 4/96 Reconstructing Peace: Together we can overcome Violence! - **Salpy Eskidjian, Anthony Zwi, Elizabeth Sele Mulbah, Natasa Jovicic, Eduardo Campana**
- 149 6/96 Migration and Health: Caring for those in our Midst - **Helene Moussa and Patrick Taran, Paola Bollin and Harald Siem, White Rakuba, Gabriela Rodriguez, Asian Migrant Centre, Rabia Chamoun and Aline Papazian, Mukami McCrum**
- 150 8/96 Health in the North: Learning from the South - **Christoph Benn, Daisy Morris, Kofi Yamgnane, David Cowling, Eva Ombaka**
- 151 10/96 Healing Traditions: Finding Answers in Gospel and Cultures - **Guillermo Cook and Diana Smith, Eugenio Poma, Tara Tautari, Darlena David, Hakan Hellberg**
- 152 12/96 Healing Community: Caring is part of the Cure! - **David Hilton, Erlinda Senturias, Ricus Dullaert, Paul-Hermann Zellfelder-Held, Pierre Strasse, Michael Lapsley, Marion Morgan**
- 153 2/97 Ethics: Taking Sides in Health Care – **Christoph Benn, Lucy Muchiri, Sally Timmel, WCC Consultative Group on AIDS**
- 154 4/97 Indigenous Peoples: Their Health, Their Solutions – **Erlinda Senturias, International Institute of Sustainable Development, Maggie Hodgson**
- 155 6/97 Spirituality and health: Can our beliefs help to heal us? – **Hans Ucko, Karin Granberg-Michaelson, David Gacengeci, P Zacharias, Peter Bellamy**
- 157 10/97 Networking: Linking people for change – **Diana Smith, Hari John, Kofi Asante, AIDS Community Action Network, Catherine Hodgkin, Michael Tan**
- 158 12/97 Sustainability : Issues in Church-related Health Care – **Daleep Mukarji, Sigrun Møgedal, Kofi Asante, Pat Nickson, Marta Benavides, John M. Grange**
- 159 2/98 Globalization : What does it mean for Health? – **Konrad Raiser, Diana Smith, Maria Hamlin Zuniga, Sara Bhattacharji, Marion Morgan**
- 160 4/98 Community-determined Health Care: The experience of rural Cameroon – **Patricia Nickson, Ruby N. Eliason, Protestant Church of French Polynesia and Hiti Tau, Rakiya Booth**
- 161/162 6-8/98 The CMC Story - **Diana Smith, Gillian Paterson**
- 163 10/98 Trade or Health? – **Eva Ombaka, James Love, Darlena David, Hans-Martin Hirt, Keith Lindsey, Gabriel Urgoiti**

ANNOUNCEMENTS

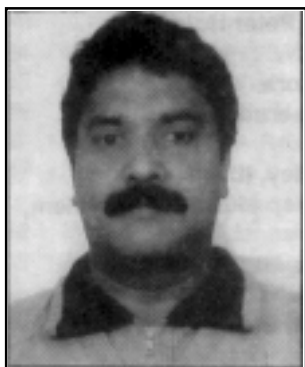
A directory of Christian health/ medical associations and other Christian health care providers has been compiled by former WCC executive secretary for health, Rexford (Kofi) Asante. The directory includes background information, membership and major activities of 17 Christian health and medical associations in Africa, Asia, Caribbean and the Pacific. It also includes the names and addresses of many other national ecumenical and church-related agencies in all regions of the world. Free copies can be obtained from Fernande Chandrasekharan, World Council of Churches, 150 route de

Ferney, PO Box 2100, 1211 Geneva 2, Switzerland.

IBFAN awarded

The International Baby Food Action Network (IBFAN) has received the Right Livelihood Award (RLA), commonly known as the "alternative Nobel Prize".

The RLA International Jury commended IBFAN for "its committed and effective campaigning over nearly twenty years for the rights of mothers to choose to breastfeed their babies." The US \$60,000 award was presented at a ceremony in the Swedish Parliament in December 1998.



Manoj Kurian

Welcome to Manoj Kurian

World Council of Churches' executive secretary for health and healing, Manoj Kurian took up his appointment in January 1999. He is a Malaysian medical doctor with an MD in community medicine from the Christian Medical College and Hospital, Vellore, India.

For the past two and half years, Manoj has been consultant to the community health department at the Christian Medical Association of India in New Delhi where he has been providing technical support to member institutions countrywide. Previously, Manoj coordinated the outreach programmes of the Lions-NAB Eye hospital, a community-based eye care project supported by Lions International

and implemented by the National Association for the Blind and the Lions Club of Miraj in Miraj, Maharashtra. He was also in charge of the community health department of the Wanless Hospital, Miraj. Later, he co-ordinated primary health care and outreach projects, including community ophthalmology and cancer care initiatives, at the Somerville Memorial CSI Mission hospital in Karakonam, Kerala.

As coordinator of WCC's health and healing programme, Manoj will play a key role in the *Contact* editorial committee process. His rich experience makes him highly qualified for the task. We wish him well in his new position and hope that he, his wife, Mary, his daughter, Grace (4) and son, George (18 months) thoroughly enjoy their new life in Geneva.

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 (DIFÄM), 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.

Articles may be freely reproduced, providing that acknowledgement is made to: *Contact*, the publication of the World Council of Churches. A complete list of back issues is published in the first annual issue of each language version.

Editorial Committee: Rainward Bastian, Christoph Benn, Sara Bhattacharji, Cherian Thomas, Darlena David, Christina de Vries, Elizabeth Moran and Diana Smith. Editor: Darlena David. Design: Indira Mark. Printed on woodfree paper by Impulsive Creations.

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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.