

Caribbean Regional Conference on the Churches' Role in Health and Wholeness in Port of Spain, Trinidad, 12-16 March 1979, 1-4. 42-46. 50 (CMC/79/8).

Introduction

The Caribbean Regional Conference on the Churches' Role in Health and Wholeness was held in Port of Spain, Trinidad, from 12-16 March 1979.

The meeting was sponsored by the Christian Medical Commission (CMC) of the World Council of Churches (WCC), the Caribbean Conference of Churches and the Christian Council of Trinidad and Tobago.

It was the first in a series of regional meetings related to the CMC study/enquiry on the Christian Understanding of Health, Healing and Wholeness. The study was initiated in 1977 as a direct response to an injunction of the WCC Central Committee, which renewed the mandate of CMC after the Nairobi Assembly in 1975. In so doing, the Central Committee urged that the CMC "set up and develop means for sustained enquiry, description and reflection concerning connections between health, being human, the community, and the Kingdom of God".

From its inception, the CMC's commitment and work has been based on its conception of the role of the church in health and healing, and of the church's responsibility toward the poor and those who live on the margins of our society. This commitment has run like a thread throughout the ten years of CMC's existence, from the time when, as a sponsored agency of the Commission on World Mission and Evangelism (CWME) and the Commission on Inter-Church Aid, Refugee and World Service (CICARWS) of the WCC, the CMC reexamined the whole role of the church in medical care, until the present day. During this time, it has also identified alternative models of health care which individuals and church-related groups have started. It has helped to draw attention to the need for community-based health programmes that stress prevention, promote good health and good nutrition and encourage people's participation in their own health care and development.

In the early days of the church, the disciples were given the injunction "to preach, to teach and to heal". Matthew counselled: "As you go, preach this message: 'The Kingdom of Heaven is near.' Heal the sick, raise the dead, cleanse those who have leprosy, drive out demons. Freely you have received, freely give" (Chapter 10, verses 7f.).

In Luke 16, verses 15-17, we read: "He said to them, 'Go into all the world and preach the good news to all creation. Whoever believes and is baptized will be saved, but whoever does not believe will be condemned. And these signs will accompany those who believe: In my name they will drive out demons; they will speak in new tongues.'"

The study/enquiry is an effort to identify not only the role of leaders, of theologians and medical professionals in carrying out this injunction. It is also trying to determine how | congregations can become *communities* whose members show real care for each other and discover, in the process, the many dimensions of healing.

Regional Meetings

In its initial stages, the study/enquiry involved an effort to identify people the world over who were interested in a study of this kind. Investigation and correspondence revealed the existence of a large number of people in various parts of the world who are thinking and writing about, and are involved in, practical projects related to the

healing ministry of the church. A questionnaire on the Christian understanding of health and healing was circulated to a number of people in the Caribbean region and the responses it brought forth were one of the bases for planning the Trinidad meeting.

The early, investigative phase of the study/enquiry – a “tree-shaking” stage – was, in fact, a preparatory one. It was felt from the beginning that insights on the church's role in health and healing could best be gained through the medium – the alchemy even – of meetings where people working in a particular region could meet together and share their thoughts and experiences.

The purpose of the meetings was thus to study current concepts of health, healing and wholeness on a regional basis and their implications for the churches as they concern themselves with people's total well-being. A new approach to caring and to wholeness revealed in such meetings could have much to say about *how* a community can reach out to touch, and care about, the elderly, the handicapped, the sick and isolated people in its midst.

Participants for this first regional meeting in the Caribbean were selected on a personal basis, as a result of their known interests and activities and their ability to communicate with and influence their churches and communities. They were pastors, church leaders, nurses, doctors, medical professionals and lay people engaged in various types of community activities. They did not represent particular denominations or church bodies, but included Roman Catholics and members of a variety of Protestant congregations. Trinidad was chosen as the site of the meeting because of its convenience as the home base of the Caribbean Conference of Churches and for its easy accessibility to all participants. |

Proceedings

An opening ceremony on 12 March, 1979 set the tone with a prayer and welcome pronounced by the Rt. Rev. Clive O. Abdulah, Chairman of the Christian Council of Trinidad and Tobago and greetings were conveyed by Ms. Dorinda Sampath, President of the Caribbean Conference of Churches. The opening address, “Social Justice in Health Care”, by the General Secretary of the CCC, Dr. Roy Neehall, was an appropriate introduction to the major themes of the meeting.¹

On the first day an agenda was presented, outlining the way of work, but allowing participants freedom to suggest alternatives and to make changes if necessary as the programme proceeded.

Three major presentations were the starting point of subsequent discussion and reflections. The first, “Man and Healing: a Biblical and Theological View”, was given by Professor William Watty of the Union Theological College of the West Indies. Dr. Arne Sovik, Project Director of the Studies Department of the Lutheran World Federation in Geneva, spoke about “Our Beginnings” – the history of the CMC study/enquiry and its Christian perspective. Mr. John Steensma, Head of the Rehabilitation Department of Jackson Memorial Hospital in Miami, Florida, talked about “Disabled People: Their Life in the Church”.²

These three presentations, as well as serving as a focus for the discussions which followed, gave the historical background to changing Christian attitudes and approaches to health care. Participants responded by sharing their own experiences and describing health care models in which they, as individuals, are actively involved. While the presentations were an important starting point, however, the main work of

¹ See Section IV, no. 1, pages 4-6.

² See Section IV, pages 7-30.

the meeting was realized in four discussion groups. The presentations were points of reference in the discussion groups and are reproduced in the next section of this report.

Following Prof. Watty's presentation, the plenary group was asked to identify issues which they wished to discuss. Some 20 such issues were suggested. These clustered into four main subject areas: Congregation and Community, Theology, the Handicapped, and Practical Possibilities for a Healing Ministry. Participants joined the group in which they were most interested. The outcome of their separate discussions and thinking was summed up in plenary sessions, held during the final day and a half of the meeting. A summary of the four group reports appears in Section V of this report. |

It is, unfortunately, impossible to capture the full flavour of the intense exchanges which took place during the meeting. These were not limited to the formal sessions, but went on during meals and long after the meetings ended. It was this process of mutual learning and sharing which kindled such enthusiasm among the people who came to Trinidad. To use that word generates no more enthusiasm than writing "electricity" makes light. That is why no written report can recapture the spirit of a meeting. We must wait to see what effects are generated among congregations in the West Indies. Perhaps a kind of chain reaction – of renewed reflection, writings, work and further meetings – may prove the value of such an exchange as took place in Trinidad. |

Summary and Conclusions

The first CMC regional meeting on the church and health care was a quest for definitions: what *is* health and what is wholeness? This quest went on not only in plenary sessions and discussion groups, but also during coffee breaks and after supper. It was stimulated and challenged by the four presentations whose texts appear on pages 7-30 and by the contributions of individual participants.

It was an open-ended quest and that is probably as it should be. Nevertheless, certain "ingredients" of definitions of health and wholeness were identified in Trinidad. What, the participants asked themselves, makes for health and wholeness? First, being able to *grow*, physically, mentally, spiritually and in our relationship with God; second, living in *harmony* with ourselves, our family, our neighbours, our world (in the ecological sense too) and with God, sustained in this harmony by the Divine Presence; third, being *responsive* to one another and to the needs of our community, ready to *care* and to *serve*. To fulfil these conditions, we must be able to recognize where we sin (hence the necessity of *confession/absolution*). It was agreed that the role of sin, in the general and specific sense, and the role of guilt, require more elucidation from theologians. Wholeness also relates to the *unity* of the human person – to getting away from the compartmentalization of body, mind and spirit.

What stands in the way of our being whole and healthy, as individuals and as a community? First, social and economic *injustices*; second, everything that makes us *insensitive* to other people's needs and unable to respond to them and anything which *excludes* another human being from our midst.

The health and wholeness of the congregation and the wider community requires the participation of all its members, including those who live on the margins of our society, outcast, forgotten and lonely. The consensus was that churches have to show a bias in favour of the poorest, the most alienated, persons with disabilities of any kind, for it is only by their inclusion and full participation in the life of the congregation that congregations can be made whole.

The definition-seeking did not stop with "health" and "wholeness". Participants

wrestled with what a “handicap” may be, and what “development” means. It was not easy even to agree upon what needs are truly “basic”. These arguments were not semantic games-playing. They grew out of the real-life experiences of the people who came to Trinidad, most of them from the Caribbean, many with first-hand knowledge of poverty, and all with a strong conviction that the churches' ministry is to the people wherever they are and in whatever | situation they are found: that “healing is part of the Good News.” The church, they agreed, has an obligation to correct certain misunderstandings and misinterpretations of Christianity which have grown up and sometimes petrified over the centuries. Examples are the notion that illness is a consequence of sin, that God is an angry, vengeful God, and attitudes which put certain kinds of people outside the pale of our concern.

Those who attended the Trinidad meeting were unanimous in their agreement that churches should be involved in health care. Many ideas were put forward for how this can be done. They fall into five categories:

1. *Education and conscientization* about what contributes to good health and the obstacles to it. Under this heading came the suggestion to bring together students of medicine and of theology to consider what health and wholeness mean in the context of their future professions. In addition, it was felt that congregational Bible study groups and courses for local clergy might consider the theological justifications for a healing ministry.
2. *Providing or facilitating services*: This category includes the kind of wholistic clinics described by a participant in Group 4 as well as the many other forms of church-organized caring enumerated by this Group (on “Practical Possibilities”) page 37-39.
3. *Information gathering*: Here, it was indicated that churches could conduct surveys to determine what services, resources and problems exist within their communities. Then, local congregations might wish to draw upon the skills and creative talents of their members to find ways of meeting the needs which were identified.
4. *Studies*: Studies on spiritual healing, on herbal and other forms of non-occult healing practices and on local beliefs (including *Obeah*) in the light of Christianity and the local culture could fit into this category of involvement.
5. *Advocacy*: Promoting the interests of the local congregation and community by supporting – or opposing – legislation related to their needs would be a major facet of this category.

Looking back on six days of talking and thinking together about health and wholeness from a Christian perspective, the men and women who came to Trinidad for this meeting concluded that the people of the Caribbean can rejoice that the church in their region is still very much a part of people's lives and that there is still a lot of laughter, genuine mutual caring and a sense of community to be found. There is a willingness to express one's feelings openly, which is therapeutic. | The recognition of our Christian faith in maintaining these attitudes is essential, however, if they are not to be fragmented by the pressures which are becoming more evident within the West Indies and which could distort and disturb the unity of body, mind and spirit of the individual.

Future Action

To the question: “Where do we go from here?” the unanimously felt and expressed response was “Go and tell”. “But how?” was the next query.

CMC Director, Ms. Nita Barrow, pointed out that it is not what gets put on paper about a meeting which matters most, but what will happen later in the churches of the

Caribbean region. As an example of what an initial “spark” can do, she cited CMC's pioneering efforts to promote primary health care. This triggered interest within the World Health Organization and began a process which now touches almost the entire earth.

“What do we want to see happen?” Professor Watty challenged. Participants had agreed that it is a Christian obligation to help improve our own health and that of our neighbour. Hence, “making people aware of this should be the outcome of this conference”, he concluded. Dr. Tony Allen felt that some very seminal ideas had been expressed during the meeting about health from a Christian perspective and that these were worth sharing with churches outside the Caribbean region.

Publications are one way of sharing these ideas. There was considerable discussion about what kind of a report should be published on the meeting and to what audience it should be directed. It was decided that there should be three publications. The first is the one you have in your hands. It is a full, formal report of the proceedings of the Caribbean Conference on Health and Wholeness and it has been prepared and published by the Christian Medical Commission, joint sponsor of the meeting, together with the Caribbean Conference of Churches.

The second publication will be a 60-75 page booklet prepared in Trinidad by the Caribbean Conference of Churches on the basis of this formal report. It will tell the story in popular form to members of the more than 5,500 churches throughout the West Indies, and will also be available for international distribution. These churches are planning some 50 seminars during 1979/80 and such a booklet, focused on the churches' role in health care, will provide a useful background to such meetings. Its format was considered, particularly ways to make it attractive and accessible to a public whose traditions are predominantly oral. Music, it was pointed out, would be an ideal way of getting the message across to West Indian congregations. An example in calypso form was produced at the meeting. It is hoped that some of the region's gifted poets and musicians will combine their | talents and rise to the challenge.

Finally, the CCC will prepare a short study guide for use in Caribbean congregations, to accompany the popular report. It will pinpoint the issues, contradictions and questions raised during the Trinidad meeting. It is hoped that one of the outcomes of this meeting will be a greater awareness among local congregations of the dimensions of health, and the setting up of study groups to consider health needs in their communities and how they can help to meet these needs. The CCC study guide would be a valuable conscientization tool in such a process.

The most important stimulators will be the 25 men and women who took part in this meeting. *Person to person contact* must be maintained, it was agreed unanimously, and mechanisms found for sharing information, not only within the region, but also, through the CMC, with the rest of the world.

Speaking for the Caribbean Conference of Churches, its General Secretary, Dr. Roy Neehall, spoke of the need to emphasize health as part of the churches' mission and this is why the CMC regional meeting was felt to be of such importance. “The dynamics begun here must not be lost”, he said.

Planning was started for definite follow-up in Jamaica and a volunteer agreed to act as convenor for the follow-up meeting there as well as to act as the liaison person with the Caribbean Conference of Churches; efforts will be made to extend the network of resource people within the West Indies. The CMC was mandated to continue its information-sharing role. This particularly applies to its subsequent regional meetings in other parts of the world which will continue to be focused on health and wholeness from a Christian perspective. The second meeting was held in

Honduras for Central American participants; it followed immediately after Trinidad, from March 19-23, 1979. A third meeting is planned for English and French-speaking countries of Africa. It will take place in Botswana from October 15-19, 1979.

The Trinidad meeting was the pioneer in this series of regional meetings. It confirmed that there is real interest among the churches in thinking about health and wholeness, and that the regional approach is a good one. The success of this conference was due to the enthusiasm and experience of its participants. It was also due to the careful preparations and tireless work of the staff of the co-organizers and co-hosts, the Caribbean Conference of Churches and the Christian Council of Trinidad and Tobago.

Our special thanks are too many to enumerate, but we ask all those who contributed to the physical, spiritual and mental comfort of the participants to accept their, and our, deeply felt gratitude. |

It was a week of taking words apart, of quiet times, of laughter and of serious reflection. It was a week when people danced and sang, sometimes to their own surprise. Above all, it was a time to recognize that health and healing are not the prerogative of the learned few, but the contribution of the people of God to the wholeness of humankind. |

Appendix B

The Caribbean Conference of Churches

Press Release

A Caribbean Regional Conference on the Churches' Role in Health and Wholeness opened at the Kapok Hotel. Drawing 25 participants from several countries, this week-long seminar is the first of a series of such regional meetings to be sponsored by the Christian Medical Commission of the World Council of Churches. The Caribbean Conference of Churches is co-sponsoring the meeting and with the local Christian Council serving as host organization here in Trinidad.

Delegates to this conference include a distinguished group of pastors and church leaders, nurses, medical doctors, social workers and lay people from every walk of life engaged in various types of community activities. The aim of the meeting is to study current concepts of health, healing and wholeness and the implications of these for the churches' concern for the total well-being of people. A new approach to caring and wholeness could have much to say about the way elderly, handicapped, sick and convalescing people can more fully experience the care and the life of the community.

The Christian Medical Commission (CMC) has long been concerned about basic issues related to health, medical services and the just distribution of health care. Formed eleven years ago as an agency of the World Council of Churches, it plays an important role in turning attention to the need for community-based health programmes that stress preventive measures, those activities that promote health and good nutrition, and the participation of people in their own health care and development. The Geneva-based CMC is directed by Dr. Nita Barrow, a nursing educator from Barbados. The Moderator of the CMC advisory commission is Dr. Sylvia Talbot, also of the West Indies (Jamaica).

A representative group of local church leaders and lay workers joined the Seminar for the formal opening ceremony on March 12. Presiding was the Anglican Bishop of Trinidad and Tobago, the Rt. Rev. Clive Abdulah in his capacity as Chairman of the Christian Council of Trinidad and Tobago. Welcome greetings were extended by Ms.

Dorinda Sampath, President of the CCC, and replies were made by Dr. Nita Barrow and Dr. Sylvia Talbot. The feature address on “Social Justice in Health Care” was delivered by Dr. Roy G. Neehall, General Secretary of the CCC. In his address, Dr. Neehall stressed the need in the Caribbean for minimum health care for all and the correcting of the imbalance in health services which deprive the poorest people of resources to meet their urgent needs.