

## **Central American Regional Conference on the Churches' Role in Health and Wholeness in Omoa, Honduras, 19-23 March 1979, 0-12 (CMC/79/II).**

### **To the Christian Churches in Latin America**

Beloved in the Lord,

Enclosed with this letter you will find an important document, the outcome of intensive and serious work by a group of believers in Jesus Christ who, as the introduction to the document indicates, met in Honduras, Central America, in the last week of March this year, to reflect on the Church's ministry in the field of health and wholeness.

The realism with which the various problems of our continent were discussed, the fellowship between believers of different confessions, deeply concerned for their service in the world, and the thought-provoking theological reflection, were valuable elements which strengthened the importance and purpose of the meeting.

Tenacious efforts were made, not only to challenge but also to correct certain ideas which were accepted without question in the past but which take no account of some aspects of Latin American reality, whether because of reluctance to examine certain generalized assumptions or because of past influences which amount to no more than justifications for a certain type of church missionary activity in the field of health (clinics, hospitals, etc.).

The reflections that served as a basis for the work of the consultation were entrusted to persons holding responsible positions in their respective disciplines. The material examined, considered and discussed is now distributed as an outcome of prayer, effort and the concern to help the churches at a most opportune moment for the exercise of our faith.

Jesus Christ is health! |

### **Introduction**

Fifty people from various Latin American countries met for five days to reflect on problems of health and the responsibility of the churches. Some of these persons work in health and community development programmes, others hold responsible positions in their respective churches. Some are doctors or nurses; others are local "health promoters". All share the same commitment to the people and the need for fundamental changes.

The work of the consultation included biblical reflections on health and salvation, a consideration of the role of the churches in Latin American history and a sociological analysis of the present situation. It is recognized on one hand that the churches have played an ambiguous role in regard to the needs of the people. But on the other they have very great potential because of their dedication to God and to people as neighbours, because of their presence in every quarter of the cities, towns and villages of this continent and by their identification with the Gospel of Jesus Christ.

Since this was a special, indeed a unique, occasion, the participants drafted this document as a stimulus to further reflection and action designed to promote the total health of the people of Latin America. This material can be used in congregations, study groups, schools and seminaries, grassroots communities and organizations. Above all, we hope it will contribute to the process of conscientization which is awakening people in thousands of communities throughout this continent. It is an

awakening which brings with it a critical examination of the current situation of oppression and dependence, concrete efforts to change this situation, demands for universal human rights and a new outlook on people's ability to shape their own future.

Those who took part in the consultation were conscious of the grave concern of organizations involved in community service about the constant pressures being exerted by the various oppressive regimes within the continent. Valuable local leaders are persecuted if they do not adhere to the line of the official parties, while marginalized sectors of the people are manipulated through all kinds of demagoguery, from promises to official terrorism.

This consultation was held under the auspices of the Christian Medical Commission. It is part of a study process which is being undertaken on six continents in the hope of arriving at a better understanding of what total health implies, and of achieving greater integration between the resources of the churches and the people's efforts to attain a healthier, more dignified and equitable life. In addition to publishing this report, the participants of the Omoa consultation pledged themselves to actively propagate the experiences and convictions they share.

## **Gospel and Health**

### ***Definition of terms***

We consider the Gospel as the proclamation of good news and that total health means the physical, mental, social and spiritual well-being of the human person.

We likewise consider that:

1. From Genesis to Revelations, the Bible reveals love as the substance of concern for human beings and their health (Deut. 23:13).
2. The greatest commandments dictate a total and entire love of God and of our neighbour (Mt. 22:37-40).
3. One of the ways this love is expressed in society is through justice (Is. 58:6-9).
4. Transgression of the law is related to sickness.
5. Such transgression is sin and may take the shape of social injustice which in turn generates a state of disease, that is, the absence of physical, mental, social and spiritual well-being.
6. The church should be a community of believers which is concerned for the well-being of each person and his environment; it is an encounter whose members are strengthened in all aspects of their life and in which all are of equal worth, and though united, do not turn into men and women as masses, but are respected as persons.
7. Action without reflection, or vice-versa, cannot be regarded as Christian behaviour.
8. The quality of Christian service should be motivated by sensitivity and understanding for people.
9. We likewise consider that the Church, for its part, makes a dichotomy between spiritual health and physical, mental, social health, which shows a lack of ability to integrate Christian values into daily life.

### ***The task of conscientization (reflection-action)***

The church should carry out this task in group meetings for reflection and discussion, enabling authentic leaders to emerge and to promote the awakening of critical consciousness, always on the basis of the Gospel, whose message is eminently one

of liberation (Lk. 4:18f.).

The first object of reflection should be the immediate environment, whether natural or social, so as to discover new elements which will promote human fulfillment.

This reflection will lead to thoughtful, considered action and so to thought *in* action. The leader should respect the level of awareness of the group and his own limitations as a necessary element guaranteeing the liberty of the participants; for this he will need to be trained.

Seminaries or biblical institutes should incorporate the theme of “the Gospel and Health” into their curricula. Our concept of health includes the legitimate condition of wholeness on the personal level, in human society and within the ecosystem.

The church should communicate the information it possesses about current problems and the thinking it has done recently on the subject of health.

Christians have the responsibility of affirming that the family is the basis of society and that special attention deserves to be given to consideration and strengthening of

- the relation between husband and wife
- the relation between parents and children
- woman's role in the family and in the community
- the responsibility of the father inside the home as something more than just financial
- the interdependence of all members of the family unit. |

## **Discovery of Challenges**

### ***Considerations***

1. When the Christian church encounters its neighbour (Lk. 10:25-37), it discovers new challenges in its ministry in regard to health.
2. We understand that conversion must include the call to service from the beginning, that personal vocation must be orientated towards serving others, and that the responsible believer must recognize and confess his guilt in not caring for his neighbour in need.
3. That the church must be involved in its community's projects, rather than in projects on behalf of the community.
4. That the local congregation should mobilize all its talents and resources in order to carry out its ministry to families, professional people, young people, the handicapped, children, etc.
5. That the real needs be made known in order to serve society responsibly.

### ***Recommendations***

1. That the church and believers should practise biblical reflection, intercessory prayer, and be ready to hear the voice of God, particularly in these crucial hours through which our continent is living.
2. That attendance of believers interested in this work should be promoted at national or international consultations.
3. That they learn to challenge medical myths on rational grounds and to promote individual and communal conscientization.
4. That the dignity of the human person and the potential ability of the community to meet its basic health needs be affirmed.
5. That the capacity of the handicapped and the aged to contribute to the quest for health be recognized, thus asserting their wholeness as persons.
6. That it be recognized that the community possesses natural gifts and

leaders.]

7. That the rights of marginalized groups be defended by means of participation in the human rights committees.
8. That efforts be made to alert public opinion to the gravity of the problem of public health, by using the most accessible means of communication.
9. That it be recognized that all levels of care are important and that the church must support them.

## **Resources and Methodology for Total Health**

### ***Human resources***

#### **Problems**

1. There is little understanding, or else lack of information, about the available human resources.
2. Inadequate use is made of human resources and sometimes they are used in a way that is harmful to the majority of people.
3. There are erroneous ideas which cause exaggerated emphasis to be laid on the spiritual dimension of faith, with consequent disregard for the concrete problems of the people.
4. In some cases, there is veiled and sometimes open disapproval and condemnation by dictatorial regimes of activities and/or commitments for the good of the people, especially in the most oppressed sectors.

#### **Possible human resources**

The church must be aware that its best resource for motivating those who wish to serve, is the force of love of our neighbour proclaimed in the Gospel and taught by our Lord Jesus Christ, with all its practical consequences which impel us to action. Furthermore, the following possible resources are recognized:

1. Persons with abilities or skills in various crafts which may be of service in health projects: farmers, masons, carpenters, cooks, dressmakers, etc.
2. Persons with natural or delegated abilities for | leadership in various age groups (children, young people, women, men, old people); communal authorities, teachers, traditional healers and midwives, herbalists, trained midwives, pastors, priests, trade unionists, etc.
3. Persons wishing to play an active part and able to learn if they have the opportunity.
4. Foreign personnel who can serve as a technical resource, providing they work under community direction.

#### **Recommendations**

1. To make full information available to the populations served about existing resources through educational courses promoted or supported by the groups involved in the work.
2. To promote the idea that there are health problems which can be delegated by the physician to trained persons, leaving to him cases of the type which he alone can treat.
3. To promote the development of a group consciousness of struggle for total health.
4. To urge the importance of transferring control, responsibility and the essential

knowledge to the leaders of the community and of allowing people to develop their abilities rationally, while recognizing their own limits.

5. To instruct personnel who are strangers to the community, and in particular foreigners, about the respect they should have for the customs and distinctive character of those who form the community.
6. To draw up a list of institutions and agencies which are working at similar health tasks in the region, for consultation, suggestions and mutual help.

## ***Material resources and technology***

### **Problems**

1. It is clear that there is a high degree of ignorance or inaccessibility of these resources among the marginalized population.
2. It is a fact that among those people who receive medical or paramedical attention, a dependence on outside | resources develops which in turn manifests itself in:
  - a) A marked decline in confidence and creativity in the community itself.
  - b) A disharmony between the needs of the community and the aid given to it.
  - c) A lack of educational materials and instruments which seriously limits the process of community education.
  - d) An absence of any long-term planning of goals. For example, priority has been given to the construction of buildings without developing the appropriate human resources.

### **Recommendations**

1. To help the population to identify its own natural resources.
2. To stimulate to the utmost the community's ability to find solutions on the basis of its own problems.
3. To allow the community to identify its needs for itself and learn to channel national and international aid.
4. To provide opportunities to assist the population to assume responsibilities in handling equipment, in using teaching materials and in deriving maximum benefit from such resources.
5. To train leaders to be thoroughly familiar with possible national or local resources so that they can make direct appeals in the name of the people, without losing sight of their commitment to liberation.
6. To establish as a guide-line in requests to international agencies that any health projects that require economic support, should have a popular basis and be directed towards self-reliance.
7. To seek the local participation of the community itself in the administration and financing of its health programmes.
8. To create a "bank" of material study resources to which regular recourse may be had, under the control and supervision of the community leaders and organizations working in the health field. |

## ***Methodology***

### **Assumptions in the work**

1. The aim is to work with a programme of total health in its personal and

collective dimensions, with a view to total human and ecological redemption.

2. Those persons who are involved in projects of this kind should know the character inherent in the essence of the Gospel concerning the precept of service.

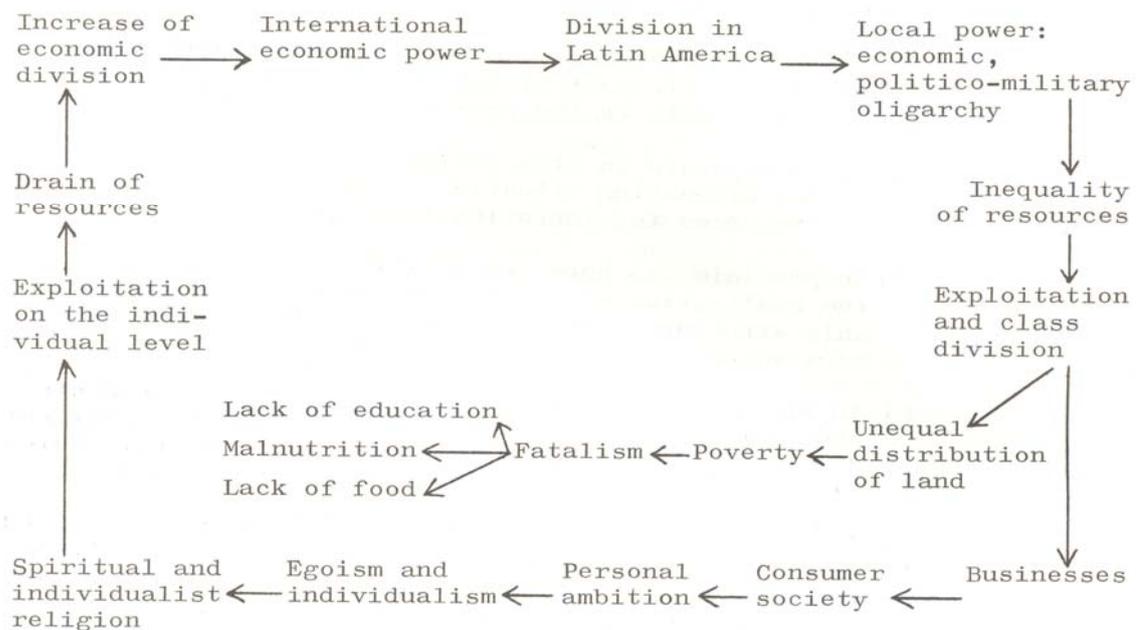
## Recommendations

1. To promote collaboration among agencies, institutions and individuals in local communities through the exchange of information about activities, programmes, problems, etc.
2. To insist on the need to cultivate respect and collaboration between the promoter and his community, that is to say, a leadership shared in and accepted by the neighbours.
3. To achieve an appropriate orientation for local, national and international personnel in the promotion and implementation of their specialized programmes, so that the liberating process may be affirmed in their activities.
4. The Christian church in Latin America has to find a way of being loyal to the Gospel which runs counter to a politico-social situation that tends to confer on it favours and privileges, and which has turned some of its programmes into allies of the status quo. This quest by the church calls for the utmost moral integrity and great honesty to enable it:
  - a) To evaluate critically the relevance or irrelevance of its ministry through hospitals, clinics and health centres, in the light of their transitional missionary character, as well as to discard such institutions as means of institutional support or profit-seeking.
  - b) To compare its present life-style which is dominated by the influences of a detrimentally unequal society, with the evangelical life-style so as to influence the faithful, especially professional practitioners, towards a model that would challenge the values of a consumer society and discourage the flight of professional people to the affluent countries. |
  - c) To analyse and correct by way of repentance the existing rivalry between different confessions, especially between Catholics and Protestants, so that they may dedicate themselves to work in a spirit of solidarity with the people in all projects that contribute to shaping a new society.
  - d) To examine governmental health programmes (public health, social security, etc.) and to offer guidance in cases where health care is denied or threatened or which it may judge deficient in the light of the Gospel.
  - e) To promote dialogue with legislators to determine the causes of problems and to improve efforts made for the health of the people.
  - f) To incorporate in its proclamation a condemnation of any alienating situation which deprives people of resources for improving their health.
  - g) To proclaim its hope and to work consistently for the realization of the Kingdom of God with equitable structures which will provide those opportunities which oppressed people need.
  - h) To speak continually to the people, to governments and to the powers of the world, lending its pastoral and prophetic voice to the search for positive solutions directed towards those in greatest need.
  - i) To initiate a dialogue with the churches in the rich countries so as to make them aware of the sub-human conditions and the inadequate or

non-existent health care available to the majority of people in the poor countries, so that these churches may raise a prophetic voice in their own milieu.

### The Prophetic Responsibility of the Church in Face of Reality

Taking into account the problems affecting the countries of Latin America, such as the continued existence of repressive governments, the existence of latifundia which dominate the social situation, hoodwink the peasant and turn him into a slave, problems of leadership, high rate of malnutrition, disease and mortality, maldistribution of health resources, high percentage of illiteracy, etc., we find ourselves faced with appalling prospects that prompt us to ask: how is it possible for the human being to have become so accustomed to destroying his fellow beings? | Nowadays it seems to us that individual illness results from factors which to some extent spring from social reality. Consequently, in order to identify these evils and seek solutions toward total health, the following diagram is suggested as an instrument of group reflection. Even if the problems are complex, we try to use the criteria and resources of the people so that the latter can denounce those evils that prejudice their health, and at the same time take steps to establish a better life (see diagram).



### Possible responses to this analysis

#### Conscientization

Taking into account the practical experiences in methods of teaching literacy, in health education, nutrition, community development, popular education, etc., it is recommended:

- a) That educational programmes should use methods that help to awaken awareness in the church, the community and the public institutions, so that changes may be achieved in the economic and social structures which oppress the people and affect their total health.
- b) That the young people in our seminaries and other church organizations may

come to know and practice | methods which will enable them to analyse critically the situation of society as a whole and can lead to appropriate concrete action.

- c) That the study, knowledge and practice of human rights be promoted.
- d) That those who possess material and other resources should be led to feel impelled to place them at the service of those most in need.

### **Actions to promote health**

Assuming that health requires a preventive outlook, all action must be deliberately and intentionally directed outwards:

- a) Denunciation of the fundamental causes of the harm done to the health of our peoples.
- b) Organization of immediate action that might bring positive benefits in the long term, despite unfavourable present conditions.
- c) Clear objectives which will ensure a minimum coverage of the whole population by the health services, priority being given to starting with the nucleus of those who are geographically and/or socially marginal.
- d) Adequate assistance for the community to be able to have its own total health programme, as well as to assume responsibility for health care, without, however, creating dependence.
- e) Making it possible for the resources of the churches – human, material, economic, etc. – to be placed at the service of the community.

### **Collaboration**

Apart from our own commitments, we must be ready to collaborate wherever the principle of communal participation prevails and the programmes are free from injustices and paternalism. This collaboration may involve state agencies, private groups (universities, churches, trade unions, co-operatives, associations, etc.), international organizations, popular movements, etc.

### **Prophetic responsibility of the churches**

We realize that churches must be the salt and light of the earth, and this means they have to be in close relations with the real world and consciously: |

- a) Preach a complete Gospel which does not separate spiritual and material reality. They have to proclaim Christ's message which concerns all our neighbour's problems and dares to denounce injustice. It is time to recognize that our silence in face of oppression speaks even louder than our words.
- b) Bear constantly in mind the perspective of the problem as a whole, namely, that the damage to the health of our peoples is the result of existing sinful structures which determine an unjust system of life.
- c) Analyse the reality in which the church in question has to minister, so as to judge whether its own life is itself consistent with the proclamation of the Gospel. For example, it is salutary for the church to ask itself: do we display the poverty of Christ in each and all of our present expressions? Is the church bound up with unjust power? To what extent is it compromised with this unjust power? Do the churches which operate as economic institutions pay their employees proper wages?

### **Explanatory Appendix** (diagram in Chapter 4)

The diagram indicates some of the links between the factors that produce ill-health

among the majority of people. Any group can use the same diagrammatical scheme to identify the causes of the situation it is in and to take the steps needed to put it right.

For example, we can consider malnutrition which in many parts of Latin America afflicts millions of persons with ill-health, disease and a high death-rate. To change this situation, work must be pushed forward on various different fronts, attacking both effects and causes. The people must know about nutrition and have a balanced minimum diet. This can be achieved by making the best use of existing local resources and by investigating the best traditional foods of the community.

A better effort must also be made to ensure the sowing of basic cereals, green vegetables and protein sources. More land will have to be acquired by means of co-operatives and/or political action. These activities, in turn, will help to break with fatalism and stimulate interest in education, food and social services. It will be necessary to oppose the promotion and consumption of unnecessary and harmful products and also the squandering of limited resources. This may mean analysing the impact of the transnational companies on the health of the people, and action may be called for, including dialogue with such companies. Consequently the communities need local organizations fostering health and everything that contributes to the people's self-development. The formation of people's organizations must therefore be encouraged and those that exist must be supported.