

Report of the Christian Medical Commission in Tagaytay City, Philippines, January 9-21, 1988, Genf 1988, 5. 29f. 37-39. 49-53.

Introduction

The Christian Medical Commission met for its third Commission meeting in the Philippines, January 9 to 21, 1988. Together with CMC the Commission on the Churches' Participation in Development had their Commission meeting. The preparatory committee responsible for local planning and organization had arranged everything to ensure successful and challenging meetings.

During the arrival reception Rev. Feliciano Carino, General Secretary of NCCP gave an outspoken presentation on Justice, Peace and the Integrity of Creation in the Filipino context. This was for many the first meeting with the difficult situation in a country struggling for justice and democracy. After the official Commission meetings held at the Development Academy in Tagaytay, the Commission split into small groups and traveled around the islands for a very challenging exposure programme. Just before leaving the Philippines after two eventful weeks everybody met again to share experiences and evaluate the visits.

Members and staff of the Christian Medical Commission are very thankful to all who were involved in making our meeting in the Philippines so successful. We remember with gratitude our guides and interpreters, the worship committee, the exposure programme coordinators, those who received us as guests in their homes and all others whom we met and got to know.

On January 11-15, the official Commission meeting was held. The Moderator, Dr Erlinda Senturias, welcomed all to the meeting and to being in the Philippines.

Letters from Dr Oliver Duku and Dr Gustavo Parajon apologizing for their not being present were read. Due to the political situation in the Sudan and in Nicaragua respectively, they were not able to come. They wished the meeting all the best and hoped to be able to participate next time. Dr Vladeta Jerotic, Mr Ruben Monsalvo, Ms Maud Nahas and Dr Timothy Pyakalyia were unfortunately not able to participate. Sr Tsehainesh Mesele from Ethiopia, who had been appointed as Commissioner since the last Commission meeting in Atlanta in 1986, was welcomed into the group. The R.C. consultants, Dr Margret Marquart (FRG), Dr Zilda Arns Neumann (Brazil) and Fr Luigi Galvani (Philippines) were welcomed together with Dr Vojtech Zikmund from Czechoslovakia.

The agenda prepared by the programme committee (Sigrun Mogedal, Rainward Bastian, Aagje Papineau Salm and staff), who met in Geneva, November 30, was presented and approved. A steering committee for the meeting comprising the programme committee, Dr Erlinda Senturias, Dr Bert Supit, Dr Donald Fergus and Dr Kodwo Amuesi Enyimayew was appointed. As Dr Erlinda Senturias had applied for the post of CMC Director it was agreed that the two Vice-Moderators, Dr Bert Supit and Dr John Hatch, should take over the responsibility for moderating most sessions.

The objectives of the Commission meeting:

1. to sharpen the focus on themes and priorities
2. to review and consolidate the functions of the Commission, its Officers, of the staff and of CMC as part of Unit II
3. to provide inspiration
4. to support and advise the Staff. |

Presentations and Discussions

During the Commission meeting several issues were presented in the plenary sessions and some were then also discussed in smaller groups. Here a short summary will be given of the issues which were not covered by small group discussions and reported under Chapter V.

1. Dr Don Fergus had prepared a fascinating presentation on the Theological Perspectives on the Quality of Life.

He started by asking the question “What is quality of life?” and gave examples of some very different situations where it could be said that men are lacking | “quality of life”. The concept must include something more than a minimum material wealth (shelter, water, food, clothing, clean air) – it is something very difficult to define. It is not a biblical phrase where instead “fullness of life”, “abundant life” is used. This we can only experience if we join the journey towards spirituality which we today call JPIC.

Don suggested that in the modern world today we have become so programmed to solve problems that we have lost our capacity to wonder, to see the mysteries of life. It is important that we strive to find it again and realize that the great and big problems of the world are basically unsolvable, they can only be outgrown (Jung). We have to grow into a new way of seeing them.

Don ended with the picture of the crab that sheds its shell 4-5 times as he grows. During the time without a shell he is very vulnerable, until he has the next shell which is harder and more difficult to break. It is the shell you cannot break out of, that you will die inside.

This is a good picture of what will happen to us if we are not ready to break out of our shell and be vulnerable.

2. Dr David Hilton gave a short presentation of the classical bioethical issues in life around conception, birth and death.

In the following discussion it was stated that to really get into these issues would require much thought and work. This could not be an issue for CMC, with so many other issues on the agenda. There are also so many other institutions and organizations involved with these classical questions. CMC should instead concentrate on the basic issue, which is the question of justice. For most people in the world these ethical questions are luxury questions with little relevance. Ethics has to be demystified. CMC should raise the day-to-day difficult questions which people have, experiences should be disseminated and shared to help others to make their decisions. There are certain PHC-related areas with ethical implications where CMC is already involved (e.g. pharmaceuticals, donations). Work should be concentrated on them and others of direct relevance to PHC. The other questions should be left to those groups already dealing with them. CMC cannot take on the decision-making of others.

3. Ms Birgitta Rubenson presented some thoughts on disease and dying and her worry that health is becoming a new ideology which will “save us and make us happy, while those chronically ill and dying are excluded from society, where the value is healthy”. Also as we discover more and more links between disease and personal life-style the risk for guilt feelings and judgement become important issues. As Christians we have to be watchful not to become self-righteous and to forget our calling. |

Joint CMC/CCPD Meeting

Empowerment for Health and Development

David Werner from USA/Mexico and Sarath Fernando from Sri Lanka, introduced the need for empowerment to achieve health and development. David Werner stressed that health is a political process, it depends more on empowerment than on medical/health services *per se*. The root cause of ill health is often poverty and the very unequal access to resources and health services which are often highly concentrated to only serve a few. Empowerment cannot be given to people or taught, it has to be taken. Comprehensive, true Primary Health Care has been thwarted in many countries because of its empowering nature. David Werner especially pointed at the threats of economic adjustment programmes and selective PHC pose. Here comprehensive PHC has been replaced by minimal interventions for survival. But survival is not enough, people need to have the power and the right to care for their own health.

Sarath Fernando explained the situation of the peasants in Sri Lanka who form 70% of the population. With the introduction of the Green Revolution strategy with dependence on special seeds, pesticides and irrigation, many farmers, who do not have the resources to buy these, have lost the land which is instead taken over by Government or multinational plantations. An integration of all diverse grassroots struggles into one movement of resistance is needed. The Church should give legitimacy to this struggle and give faith and hope to people suffering repression and poverty.

TNCs and their Role in health and Development

Michael Tan and Ulysses Quatico from the Drug Action Network and Edeline de la Paz from the National Coalition for Promotion of Breastfeeding and Child Care introduced this topic.

Michael Tan explained that the Philippines import 95% of the raw materials for drugs including e.g. dextrose, an irony in a country exporting sugar.

Most companies producing drugs are foreign and there has been very little transfer of technology to nationals. Transnationals control about 75% of the market and heavy promotion is creating a demand for many non-essential and sometimes even dangerous drugs. The TNCs have much power and control media by the advertising. To fight the negative effects of TNCs on health our response has to be transnational. Here the churches have a very important role to play.

Since the late 70s a campaign for a National Drug Policy has been going. The campaign has focussed on the following points:

- education of the public and health workers
- pressure on the Government for a national drug policy
- a ban on irresponsible experimental drugs – increase of regulation and supervision
- generation of widest possible popular participation in drug policies.

Some success was made and some drugs were withdrawn from the market, but much still remains to be done. One of the Commissioners pointed out the inequality of the international community, when a country like Norway is applauded for | restricting its drug list to a few thousand preparations, while a country like the Philippines is accused for denying its people health care, when doing the same thing. On the baby food issue more has been achieved in the Philippines just as is the situation internationally. In the fall of 1986 a code of marketing of breastfeeding

substitutes was written into law in the Philippines, which is tougher than the WHO code and also provides for sanctions in case of violations. There is, however, no sign yet that the Government will take action and violations continue by several companies.

It was pointed out that churches and donor agencies also promote the use of non-essential drugs and unnecessary milk-powder through their donations. There is a need to develop strict guidelines for NGOs, as well as to continue the struggle with the governments and the companies.

It was suggested that CCPD and CMC should prepare a joint letter to the Ministry of Health in the Philippines on the drug-policy and to the baby food companies with the largest market shares in the Philippines, who continue their violations of the code.

Justice, Peace and the Integrity of Creation

This topic was introduced by seven Commissioners from the two Commissions. Linda Senturias spoke about what justice means in the Filipino context. She suggested that team visits be organized prior to the JPIC convocation. Rainward Bastian from the FRG stressed the interrelation between peace and health. If a nuclear war were to take place medical doctors would be helpless. Peter Bellamy from the U.K. spoke about the interaction between ecology and diseases. An integral approach to health is basically ecological. Laoui Lawi from New Caledonia told about the situation in the Pacific, where the land has been taken from the inhabitants and the region has been militarized. There is now one military person for every eight inhabitants including children. The Pacific is a nuclear graveyard, nuclear testing is continuing and the whole economy is made dependent on these testings. Gabriel Vaccaro explained that life is far from full in Latin America. Despite the vast wealth of the continent the masses are living in poverty. Foreign debt keeps economies in bondage. The indigenous populations are those most affected. Alexander Papaderos from Greece gave some Orthodox reflections on the theme of JPIC. The theme provides opportunities for new inputs, but the concepts have to be clarified and priorities established. Fikele Mazibuko put the JPIC process in the context of the struggle against apartheid in South Africa. Preman Niles, director of the JPIC office in Geneva reacted to some of the statements. The various statements had once again made it clear that justice, peace and the integrity of creation are interlinked, but that justice forms the basis of the struggle. Churches should try to establish just relationships and become a covenant community. Although there might not be enough clarity about the concepts of JPIC at the theoretical level, at the local level the issues are very clear. The experience that CMC and CCPD have in working with the people needs to be communicated to others and the work on the theological aspects needs to be strengthened. |

Ecumenical Serving and Sharing

This last joint session was devoted to the Larnaca consultation on Diakonia and the El Escorial consultation on Koinonia. Unfortunately not much time was left at the end of a long day.

Victorio Araya from Costa Rica reported from the Larnaca consultation. The consultation had made a clear option for life. The struggle is not between East and West, between South and North, but between life and death. Carmelo Alvarez and Birgitta Rubenson reported from the El Escorial consultation. The guidelines from the consultation give a strong theological foundation for new relationships in sharing our resources, but the ideological and political parts showing the way to what to do are

less clear. The document that was adopted presents a great challenge to the member churches to engage themselves in a genuine process of ecumenical sharing of resources.

Two small groups were formed to draft the letters on the drug-policy issue and the baby food marketing violations. |

Priority Concerns for CMC

Based on the recommendations and reports from the different working groups and plenary discussions, the Commission identified the following priority concerns and activities/tasks for the coming period:

1. To encourage churches to realize their potentials as healing and empowering communities. Towards this aim, CMC should be involved in:
 - seeking ways of empowerment for action towards health and development of human resources; in local communities and congregations, and within the church structure itself (practical implications of the health, healing and wholeness studies);
 - exploring and deepening the Christian understanding of disease and dying, in the context of working towards health, healing and wholeness;
 - developing strategies and models for ecumenical education and spiritual formation of Christians for participation in the healing and empowering ministry of the Church;
 - motivating and guiding churches for active and appropriate response to the AIDS epidemic.
2. To make a critical review of the churches' current performance in improving the health of people. Towards this CMC should specifically address the following issues:
 - the social and spiritual dimensions of the global Health for All strategy;
 - Family Health, especially women's health and their role in health care in the context of the Ecumenical Decade in Solidarity with Women, and the Safe Motherhood Initiative, children's health in the context of the "Convention of the Rights of the Child", and the situation of children in conflict and war;
 - the basic concepts, values and approaches for continued monitoring and evaluation of the churches' involvement in health care, including the role of church hospitals, and the financial management and consequences of costs and cost recovery for justice in health care;
 - the input donor agencies have on the church programmes and their struggle for "Health for All", through their guidelines and funding policies. |
3. CMC should explore the ethical issues as they arise out of practical implementation of and encounter with various PHC interventions and approaches.
4. CMC shall work for the building of functional relationships and integration of CMC concerns with ongoing concerns of the churches and related agencies. To achieve this CMC shall
 - maximize coordination and cooperation within the WCC structure itself;
 - continuously seek ways of communicating with and relating to member churches;
 - maximize the function of health coordinating agencies through support and communication from CMC staff and Commissioners, and through

facilitating communication and exchange of experience between the agencies;

- maximize the involvement of Commissioners and contact persons as active partners in regional networks, and as communicators of CMC concerns in their respective countries. |

Main Recommendations

1. Health, Healing and Wholeness

By September 1988, the Sub-Committee should have received the reports from Mac and Jeanne, staff discussion write-up, summary of issues in the regional meetings and further regional input, Peter's and Dave's papers and Tania's story model. The Sub-Committee should meet in October to plan the wrap-up meeting (Jan. 1989) and the final format of the report (for March 1989), to be presented at the Central Committee in Moscow in August 1989.

2. Incarnation theology should be a basic concept in the theological reflection in CMC. More emphasis should be given to the integration of mental and spiritual aspects into Primary Health Care. The situation in the rich world should receive more attention to help churches and people understand their own discontent and how they participate in the suffering of others.

3. CMC should pursue its contacts with theological, medical and nursing schools to discuss how spiritual aspects of health are or could be better integrated into the training programmes. Small workshops could be arranged to gather experiences and discuss ideas and developments.

4. Primary Health Care

CMC should continue to advocate comprehensive Primary Health Care, where people take control of their own lives and health, as the only way to achieve health and Wholeness.

A small working group on financing of church-related health care should be appointed, another group should form a network to exchange and gather information on PHC activities. Cost implications in a few differently financed and run projects in the south should be studied as well as consequences of cost constraints on basic health services in the north. A report should be prepared for the next Commission meeting.

Church hospitals should continuously be challenged to define their role in relation to people's needs, socio-economic realities and other health care resources in the area. CMC should engage in a study of PHC programmes with or without formal links to a hospital to define the relevance of the hospitals for PHC, from the point of view of PHC.

CMC should create fora for sharing of experiences and discussion about main issues in family health, with women as main actors. Family Health should be seen in a broader perspective than the health service input, involving church leaders and decision-makers.

5. Addictions

The conference in March should give directions for further initiatives to encourage and support churches' involvement in the prevention of drug abuse and in the care for those affected.

6. AIDS

The WCC AIDS activities should continue to be the responsibility of three sub-units. WCC/CMC should be involved in monitoring human rights violations related to HIV infection and AIDS, churches should be | encouraged to especially be concerned with the situation of children and elderly losing their

supporters and with groups often marginalized in society. A meeting for donors on funding for AIDS activities should be organized. |

Conclusions

The most important discussions in Tagaytay guiding the work of the Commission until its next meeting in Brazil in 1989 were on the relationship of the study on Health, Healing and Wholeness and the work on the CMC concept of Primary Health Care and how it can be integrated into the life of the congregations. Selective Primary Health Care interventions can give short-term benefits, but only a comprehensive approach can lead to real improvements of the health of a community. CMC should encourage churches and congregations to develop into healing communities, where people are given knowledge and are empowered to take responsibility for their lives and their own health.

CMC should pay more attention to the situation in the rich world, both to the need for studying and challenging health service priorities and spiritual aspects in health care (as they will set the patterns for the rest of the world) and to discussing and unveiling the links between the wealth in the north and the suffering in the south.

CMC should take seriously the recommendations from El Escorial to involve more women and youth in advisory and decision-making bodies (e.g. the next Commission) and make sure that projects and programmes are planned and implemented to improve the life and health of women.