

Southeast Asia Regional Consultation on the Christian Understanding of Health, Healing and Wholeness in Denpasar, Bali, Indonesia, 26 April-1 May 1981, 1-3. 35-39 (CMC/81/13).

Introduction

Once again, the scene was set. Coming together at the invitation of the Christian Medical Commission, this time in Bali in April 1981, were 44 participants and four observers from six countries of Southeast Asia: Indonesia, the Philippines, Malaysia, Thailand, Singapore and Burma. Also present were some CMC commissioners, representatives from other sub-units of the World Council of Churches and staff of the CMC. Some months of sounding out the people already in touch with CMC on a number of topics related to its Study/Enquiry on The Christian Understanding of Health, Healing and Wholeness had yielded information on a variety of individuals – medical, lay and clergy – whose work is a living witness to the church's healing ministry, whether through caring for people's health, their spiritual well-being or working with them in other social or developmental areas. Now, for the fifth time since 1979, CMC was making it possible for a diverse group of workers in these fields to discover that others like themselves are struggling to improve the conditions and quality of life of their communities and, particularly, of poor people. For participants often working in total isolation, just making this discovery was a source of inspiration which alone would have justified the consultation. Add to this not only the benefits of sharing experiences and information, but also that of being able to discuss subjects of common concern and trying, with others, to formulate a coherent philosophy of health, healing and wholeness, and one can better appreciate what this consultation meant and was able to achieve.

In comparison to previous CMC regional consultations in the Caribbean, Central America, Africa and Southern Asia, a distinctive feature of the Southeast Asia meeting was the great diversity of political, cultural and social backgrounds of the participants from different countries. Dialogue in national groups helped to crystallize thinking and was a first step towards formulating some tentative regional strategies at the close of the consultation. Most of these groups felt, however, that since the message of community-based health care had not really “percolated through” in their own countries, only a modest beginning could be made in devising regional strategies. Participants set national goals for information exchange, conscientization and motivation, education and training and the use and coordination of all local community, church and government resources for health.

As in previous regional consultations, the participants in the Southeast Asia meeting also split into a number of interest groups to study themes they themselves had identified. CMC had taken care not to supply the participants with a great deal of information on what others had said and thought on the subject of health, healing and wholeness, i.e., with a ready-made set of concepts which might discourage a genuine search for understanding. The participants were thus enabled – together and in their interest groups – to seek an understanding and formulations which would be an authentic expression of | their own experiences and situation. While many had been working in health and development on the basis of an implicit, even unconscious, philosophy and beliefs, these may never have been articulated before, perhaps simply due to lack of an opportunity to discuss such topics with others. Thus, it could be said that the second characteristic of the Southeast Asia consultation was

that it was an *authentic struggle* by the participants to understand what health, healing and wholeness mean in their own countries and region and, in turn, what this implies for their work.

In other ways, the consultation resembled previous ones in the CMC study cycle. There was a grappling with definitions of health and wholeness. Health was seen as “a state of physical, mental and social well-being, in harmony with others, with the environment and with God”; healing as “a process whereby the individual is made whole and restored to a right relationship with others, with the environment and with God”. There was an attempt to raise all the factors having an adverse effect on people's health, and these were related to poverty, social injustice and lack of coordination and misuse of resources. It was recognized that the churches are not dealing satisfactorily with these problems. There was an effort to identify strategies to overcome the problems and to bring health and wholeness to the people of the region. Strategies suggested included inter-church and church-government cooperation, community-based health care, community participation and the use of all local resources in promoting self-reliance, recognizing traditional, charismatic and other alternative forms of healing. And finally, the participants were clear that these themes have far-reaching implications for a new vision of the mission and ministry of the church and the congregation.

Recommendations coming out of a final plenary discussion on regional strategies related to continuing friendships made at the meeting as well as information sharing, the possibility of follow-up meetings, of exchanging personnel, of forming Christian medical associations in the various countries, first with a view to regional cooperation and of combining to deal with the activities of pharmaceutical transnational corporations in the region.

The meeting was opened by the Vice-Governor of Bali who officially welcomed the participants to the island; Dr T.B. Simatupang, co-chairman of the Council of Churches in Indonesia, extended a warm welcome to all and the Council's best wishes for an enlightening and stimulating meeting.

Throughout the meeting, participants greatly appreciated the care and concern with which representatives of the Protestant Church of Bali catered to their comfort and the way they handled all the local arrangements. The Dhyana Pura Guest House, which is also a vocational training centre for young people, provided a beautiful and restful setting for the meetings. The programmes planned by the Church allowed opportunities for contacts between participants from other countries in the region, CMC | members, staff and friends as well as members of various congregations of the Bali Church. They included festive evenings together and visits to a number of small village congregations and to churches in Denpasar to join their Sunday worship services. These events helped participants to gain insights into the situation and work of the Protestant Church of Bali. |

Reports of National Workshops

Burma

1. When we arrive back in Burma, we would like to plan, according to the strategy worked out here, to hold a meeting of Christian medical doctors, nurses and pastors, and share our experience with them.
2. We would like to open a clinic run by Christian doctors in which specialists will be requested to participate on a rotating basis.
3. Interested Christian medical doctors can group together and go to rural areas

- once a month, at their own expense, and give free medical services.
4. We will give first aid training to the youth from our churches so as to enable them to run their own first aid clinics.
 5. We would like to give health education to church members on subjects such as nutrition, environmental sanitation, antenatal and postnatal care.
 6. We would like to open libraries in the churches and disperse literature on health.
 7. Car owners in the congregation will be requested to help in emergency situations on a rotating basis.
 8. We would like to make a list of poor, old or ill patients and try to comfort them and to cater to their needs.
 9. We would like to make a list of the youths' blood groups so as to enable them to donate in emergency cases.

Indonesia

We, the Indonesia Group, having reflected on the experience we have had in listening to speeches and sharing our ideas in small group discussions, in plenary sessions as well as in informal conversations in these past few days, recognize the need to increase our awareness and to deepen our Christian understanding of health, healing and wholeness.

We also recognize the fact that there is a lack of understanding of the Christian perspective of what health, healing and wholeness are in our churches. We even admit that this is the case among many of our fellow workers in the health professions.

Therefore, after gaining new insights through sharing in this conference, we realize the need to disseminate our understanding of health, healing and wholeness as Christians to our fellow workers in the health professions, to the churches and to society at large. In order to do this, we need to take some concrete steps.

After serious deliberations, we resolve to: |

1. commit ourselves to the dissemination of our understanding as Christians of health, healing and wholeness and to its implementation. To carry out this commitment, we envisage the establishment of a National Centre of Information on Christian Health Services which will not only disseminate the Christian understanding of health, healing and wholeness but will also provide information on programmes, studies, methods, etc., which reflect that understanding and which are undertaken by various institutions and organizations – Christian or otherwise.
2. entrust YAKKUM (the Christian Foundation for Public Health) to convene a follow-up meeting at the national level to plan and to work out the establishment of such a centre.

With regard to a regional strategy, we do not feel at this point that it is time to draw up such a strategy. We need to await a more appropriate time in the future.

Nevertheless, we feel the need for Asians to share our experiences and work by exchanging visits or short-term training periods within national as well as regional boundaries, so that we will gain better understanding, knowledge and skill and be of support to each other.

Malaysia

We feel that we can best reach out to the grassroots level by demonstrating wholeness by our own lives. By our contacts in our churches, women's groups, Bible

study groups, varsity students' groups, medical organizations and other organizations, we can reach out to the community. The important thing is that we are ourselves convinced of the possibilities of change through healing.

Another medium of dissemination is national church magazines. Also worth considering are the curricula of medical schools, in particular the school where our two medical students are now studying. This may be a long process, but a start on raising awareness must take place somewhere.

We felt that a questionnaire of a common format for all countries in the region could be sent out. This questionnaire could be printed by the CMC and sent to us in our countries. The results of this questionnaire could be gathered for further strategy.

We would like to see more Malaysians receiving the CONTACT magazine. We can send addresses to CMC of key people who, we feel, should be reading these materials.

We shall see what the interest is among the churches, but we feel that in some church conferences this topic could be included in the programme. If interest is shown, then a church could sponsor a conference on the same theme.

We would like to receive a report of this conference which we will share with others. | We hope that friendships made here can be continued by writing letters and comparing activities in our own countries.

There are some church structures that hold medical students' conferences in the region. We hope that our own medical students can be chosen to attend such regional conferences.

Among senior medical students, there may be a chance to visit health projects in other countries of the region by electing to do so in their practical field experience. The contact with friends at this conference will be useful in this case.

Philippines

We intend to address our message of health and wholeness to our churches in general and to their health care systems in particular. We realize that, by church, we do not merely refer to its institutional leaders, but the membership at large as well. The thrust of this message would be to broaden the church's responsibility in the field of health care, infuse it with the spirit of wholeness as we understand it, and challenge church members into active and effective implementation of those concerns, each within the context of their special situation.

Specific *strategies* directed towards:

a) The Church

1. Explain the new role of the church to key people.
2. Involve ourselves in church organizations to enable the election/selection of properly primed individuals to positions of effective leadership.
3. Evaluate the potentials of ICCMC to determine how best it can serve the purpose of initiating and sustaining the above concerns.
4. Identify, then collaborate with, other agencies already involved in work of this nature, e.g., HASSA, Rural/Urban Missionaries, CPHC, etc.
5. Encourage cooperation among diverse local religious groups receptive to this concept of health and wholeness.
6. Facilitate the development of necessary skills that will be needed in plans of action in this direction (managerial, technical, etc.).

b) The Existing Health Care Structures (church-related)

1. Explain our message to hospital authorities, emphasizing the commitment of their respective mother churches to this effort, and their

- specific role as its implementing arm.
2. Reeducate/redirect health care personnel (MDs, nurses, etc.) towards this new thrust. Encourage the establishment of community health services, alongside the standard departments of surgery, pediatrics, medicine, obstetrics and gynecology.
 3. Encourage the establishment of outreach programmes tailored to a given hospital's resources, capabilities and opportunities. | A panel of experts may be appointed to serve as advisers and consultants.
 4. Identify potential funding sources that may help such hospitals initiate such programmes (PCF, FF, IIRR, etc.).
 5. Facilitate the link-up with nursing/medical schools which exhibit interest in community health programmes (UPCM, CIM, Davao MS). Develop affiliations with them to allow their medical students the appropriate exposure for such experiences. Attempt to influence their teaching curricula to include community health subjects. Reach out to other young health professionals of like mind.
 6. Offer simple training courses that give special and appropriate skills to involved health workers (mental health, acupuncture, etc.).

Thailand

It was felt that the concepts of health, healing and wholeness are already reflected, to some extent, in the country's health policy. The main public health programmes usually follow WHO recommendations, e.g., "Health for All by the Year 2000", community-based health programmes and primary health care programmes. Many pilot projects and programmes have been implemented.

It was pointed out that all health services in the country are bureaucratic rather than socialized in character. They are determined by Ministry of Health policy which, often, cannot be fully implemented due to political obstacles in an ever-changing political situation. There is a need to create community-oriented and community-owned health services. Only through such community health care can the implementation of the concepts of health, healing and wholeness be fully realized.

In order to promote the concepts of health, healing and wholeness in the country, the group agreed to proceed as follows:

1. To initiate the understanding of these concepts among the different levels of health workers by:
 - a) beginning in our own circles, such as hospitals and health centers, and in our communities which include our churches, various clubs and associations, the temples, etc.
 - b) To cooperate with existing groups.
 - c) With some financial and technical aid from outside the country, to organize seminars at two levels, i.e., for workers, for policy makers.
 - d) To promote the study in depth of these concepts and share information with our Asian neighbors.
 - e) To help others who are committed to these concepts.
2. To hold regular interreligious meetings for groups interested in the formation of a Christian Medical Association in the country. |
3. To subscribe to CONTACT and distribute it to key persons in the country. To supply CMC with a list of names to whom CONTACT should be sent.
4. To recommend to church-related hospitals to implement these concepts and thus set the example for the other hospitals, with the aim of influencing national policy.

5. To encourage frequent dialogue between workers, i.e., doctors, nurses, health officers, patients and relatives, in order to spread the concepts to different levels of the community.
 6. In order to extend medical services to the poorer sector of the community, we will support our government's policy of combating the high price of drugs produced by the pharmaceutical transnational corporations by:
 - a) prohibiting the use of brand names and promoting the use of generic names;
 - b) having the government produce the necessary drugs;
 - c) putting pressure on the government to draw up a national Essential Drugs List and encouraging its acceptance and use in every hospital in the country;
 - d) encouraging the use of herbal medicine where it can be safely employed. Thailand imports 50,000kg of laxatives when herbal medicine will do the job as well and at much lower cost;
 - e) giving more attention to medical ethics in our medical curricula. We plan to produce course material on the concepts of health, healing and wholeness for medical students and other health workers.
 7. The Catholic churches in Thailand are running a very effective "Community Health Centre" programme. Their services range from providing primary health and emergency care to community development programmes such as credit unions, drug cooperative stores, buffalo banks, etc. This comprehensive health programme will be encouraged and promoted.
 8. The previous government programme to train volunteer health personnel and health information personnel in the villages produced more than 10,000 partially-trained persons and the programme was a failure. We plan to recruit these persons for further training and to help them understand the concepts of health, healing and wholeness.
- We wish to propose the following for the Asian Region:
1. Sharing of experiences through exchanges of information and personnel.
 2. The formation of a regional association of health workers.
 3. Close cooperation between countries to combat the activities of the pharmaceutical transnational corporations in the region.