

**THE GLOBAL CONTEXT OF MISSION -
THE CURRENT INTERNATIONAL FRAMEWORK**

By Ralph Buultjens//

(Adapted from address on the Role of The Missioner Today -
Panel Discussion - Maryknoll Mission Institute - January 30,
1978)

In the decade since I first spoke at the Mission Institute, the world has changed in a most profound way. The nature of that change tends to validate the axiom that change is the only constant in the modern world. The missioner, as a committed participant in this modern world, has to live with and cope with this change. While change at its most meaningful level is internal, all of us have to relate it to the external environment in which we function. It is one part of this external context, the international framework in which the missioner has to exist, that is the focus of my discussion today.

Our era is very much a period in which global and philosophic isolation has ceased to exist. On one level, geographic remoteness has diminished; on another, the separation and non-communication between different faiths is giving way before the imperatives of ecumenism. In the context of mission, this suggests two circumstances which are significant for the missioner:

- First, the missioner has now to be able to function effectively in societies constantly exposed to modernization, although not necessarily modern in themselves. He or she has not only to be aware of the spiritual elements of mission, but also to understand the rapid evolution of the material environment in which he or she works. There is really no placid backwater anymore.
- Second, all the major faiths of the world face an accelerated common challenge - that of non-belief and secularism. As the common challenges mount, the philosophic isolation is diminishing and the commonalities of faith are emerging. As the missioner understands this, he or she will understand that awareness of the beliefs of others enhances one's own effectiveness and spirituality.

These two propositions, and the interaction between them, lead logically to three areas of discussion - the current world context of mission, the role of the missioner in that context and the ways in which non-Christian faiths look at questions raised by new circumstances and contexts. Since many, if not most, of the people whom the Christian missioner will encounter in his or her efforts will be non-Christian, some reflection on their responses to global concerns is critical.

THE GLOBAL CONTEXT

Many years ago, the British poet Matthew Arnold wrote of "Wandering between two worlds, one dead, The other powerless to be born." Ours is very much such a transitional era, an axial period between two stages of human evolution - a time when the sequential flow of history has been interrupted and transformed into the beginnings of a new society, which will be upon us in the 21st century.

The drama of the 20th century is encapsulated in four transformations, which condition global society today and will define it in the future:

- In the year 1900, approximately 15% of the world's population lived in cities. By the year 2000, about 60% will do so. We are well on our way to being an urbanized planet.
- In the year 1900, only about 5% of all the people in the world could read and write. By the year 2000, the literacy rate will be around 65%. We will be largely a literate global society.
- In the year 1900, the world's population was about 1.5 billion. By the year 2000, it will be approximately 7 billion with rising demand expectations characterizing their lifestyles. This is the largest number of people who will have inhabited the earth at any one time.
- In the year 1900, the average life expectancy was about 35 years; it will be about 70 years by 2000 A.D. The structure of society, the work experience and the ratio of youth to older people will all be quite different by the end of this century.

These and other changes have, in about one hundred years, transformed the human condition from what it has been through most of history. A drastic alteration, accomplished in a fleeting historical moment, will surely produce new spiritual dimensions, new material needs and compulsions qualitatively different from any experienced by humans in history.

These changes take place at the intersection of two global revolutions which are also happening at the same time, revolutions which embrace the three major political groupings of the world (The First World of the industrial, Western-oriented societies; the Second World of the Marxist-oriented, largely industrial nations; the Third World, where most of humanity live in agrarian, poverty afflicted states). The first global revolution is a HORIZONTAL REVOLUTION. This is essentially a rearrangement and diffusion of global power accompanied by the decreasing ability of one nation or one group of nations to dictate its preferences to others. Symbols of those adjustments manifest themselves in the new international economic order, in natural resource shortages, in the growing interdependence between nations, in the expanding consciousness of globalism, and in both the economic crises of modern capitalism and the political crises of modern Marxism. A new global order with new hierarchies of power and new considerations of morality is in the making.

The second global revolution is a VERTICAL REVOLUTION involving changed perceptions and interactions between the present and the future - a new interdependence between these two times. Through most of history, people have colonized the future. Our ancestors were heedless of the consequences which their environmental behavior would visit on successor generations and we have inherited the burden of their thoughtlessness. Now, for the first time in human experience, we understand the vital connection between our time and the next. It is a revolution in thinking about matters of ecology, the relationship between population and resource consumption, the area of economic and social development. Our generation has a very specific spiritual and material charge to leave the world in a more habitable

condition than that in which we inherited it. If we do not, there is little chance of an inhabitable world lasting long into the future. Our sensitivity, comprehension and reaction to these dimensions of interdependence in time are revolutionary.

Revolutions in power, attitudes and behavior are not new to human experience. Yet, multiple and overlapping movements of this magnitude are rare and their compression into the brief lifetime of two or three generations makes ours a particularly unique historical moment. Not only do we have to adapt to rapid change, we do not have the luxury of either time or space in which earlier eras made transitions.

For the missionary, this presents both the trauma of adjustment and the challenge of analysis. To function effectively in the contemporary world, he or she has to understand the global context of our era and to participate in it. Failure to do so leaves the mainstream of life and its direction to those whose principle concerns are secular and immediate. It vitiates the most essential meaning of mission.

THE ROLE OF THE MISSIONER

The missionary is inevitably, and often imperceptibly, an important part of the drama of global change. Periods of transition uncomfortably challenge traditional assumptions, as much in the area of mission thinking and activity as in other fields. Good intentions and amorphous goodwill, approaches characteristic of the past, have largely sustained mission. In today's world, these dimensions of commitment and faith have to be supplemented with dimensions of knowledge and process, if they are to achieve effective expression. Good intentions by themselves are insufficient tools for modern mission.

There are, I believe, four areas beyond the traditional and enduring focus of mission in which the missionary has a vital role today. Each of these represents an extension and a transformation of past activities, and provides an opportunity for the missionary to be both a symbol and a catalyst of a new period of global development.

The missionary can serve as a dynamic conduit between the First World and the Third World and, perhaps even more importantly, as a reverse missionary from the Third World to the First World. At the present time, there is an on-going dialogue taking place between different segments of our planet, particularly between these two areas. For there to be a human future, this exchange must succeed. Yet, right now, people are talking at each other, not with each other, and the grassroots of humanity are being left out of the dialogue between power structures. The missionary has a vital role in promoting the talk with, in taking the dialogue to the grassroots, in communicating values of empathy and exchange.

The second role of today's missionary is as a catalyst of ethics. Recent experience in studying some of the problems of government, and government involves all of us directly or indirectly, has made me feel that the principal failure of modern government is in its inability to apply ethics to process. Government without ethics, values and moral standards is simply a way in which the powerful can plunder the weak and public

patrimony can be converted into private profit. Democracy without ethics is an opportunity for the most popular to engage in unrestrained profligacy for personal enrichment. The missionary has a role and a responsibility in raising the consciousness of moral ethics in the areas where he or she works and in relating that to government. Without this type of effort, the movement towards an universal state of political corruption and misuse of power will accelerate. Redemption of public service from its present condition of moral decline is an activity which can only succeed if it is infused with spiritual insights.

Third, the missionary can be a symbol of certain spiritual and social values which are deeply in need of renewal today. Traditionalists will contend that Christian mission has always represented values associated with Christianity. I would suggest that the Christian missionaries look beyond those values associated with Christianity to the values associated with Jesus Christ. The social and ethical values of Christ may not necessarily be exclusive to Christianity. There is a continuous need to examine, and sometimes even separate, the concepts of Christ from those which have evolved into the concepts allied with Christianity. Beset with technology, the humanity of our planet diminishes. The problem of overpopulation of machines in one part of the world and overpopulation of people in the other will not be resolved by exchanging modernization for migration. While we cannot condemn those who seek a better life, the missionary is peculiarly suited, by vocation and by origin, to warn of the dangers of technology and the multinational organizations which advance it; to speak for the values of a new counter-culture - the culture of humanity - and so to speak for earth.

The fourth role of the missionary, as I see it today and tomorrow, is to be an agent of change. A great global movement has begun in the past two decades. For the first time in five centuries, the Western World has come to realize that it does not have a monopoly on spiritual, material and philosophic wisdom. A group of our fellow citizens of the planet, the peoples of the Third World, were left out of the mainstream of global thought and action. They are now beginning to rejoin it. This is the restoration of worth to almost two-thirds of the world's peoples and their cultures, civilizations and faiths. As a great breakthrough in history it has few parallels and, in a sense, we are all participants in it. The missionary has a great deal to say to and learn from this epochal thrust. It is an opportunity for service and education which should not be missed spiritually or physically, Intellectually there is never darkness, only an unwillingness to see; spiritually, there is never obscurity, only an unwillingness to be.

RESPONSES OF OTHER WORLD RELIGIONS

These global challenges and concerns are not exclusive to Christianity; other world religions function within the same conditioning perimeters. Sensitivity to their response is a fundamental responsibility of the Christian missionary today. Believers of all faiths are now linked together in an ecumenical resistance to the secular threat and the failure of any one faith is now failure shared by and reflecting on all faiths.

Two of the great world religions have responded to the challenges confronting them with new efforts at mission - Hinduism in the West and Islam all over the world, especially in Africa. Buddhism has sought some answers in an attempt to dialogue with the secular, and Buddhist-Marxist dialogues are an on-going process in many Buddhist societies. Efforts to establish coalitions for justice between believers and non-believers are being explored, particularly in circumstances where oppression forces a sharing of adversity. Each of the world religions is questing for ways in which to reconcile the overwhelming human concern of the past, spiritual redemption, with the overwhelming human concern of the future, economic and distributive justice. In doing this, they are also engaging in a basic re-examination of their own roles in the global drama of the 20th century.

The Christian can make this quest a shared exploration. The themes and values, not necessarily the circumstances, of Christ's life offer an inspirational meeting-point. The spiritual dimensions of Christ are Christian dimensions, but the non-Christian sees the secular and ethical imperatives of Christ as having a mutual relevance. A deeper understanding by the Christian of the role of Jesus as a social revolutionary, as an activist who identified with the poor and underprivileged, as a worker for the removal of the degradation of the lowly - these insights will help the Christian to meet, share concerns and join with those of other faiths in meeting the global urgencies we collectively face.

Limitations of time and space do not allow more than these fragmented thoughts on the global context in which the missionary functions, on the emerging role of the missionary as seen from a non-Christian viewpoint and on some responses of other faiths. Two concluding observations bring these considerations into clearer focus:

- The missionary must remember that this is not a world of any one religion and that all religions are, when evaluated separately, minority religions. Understanding this pluralism and diversity, and its values, enhances the spirituality and mission of each.
- The only inoculation we have against failure is understanding the lessons of the past, understanding change and where it leads us. The price of change often appears prohibitive, but the consequences of avoiding it are worse than of paying it - these are the costs of survival.

Twenty-five centuries ago, the father of Greek tragic drama, Aeschylus, wrote, "Some see things as they are and say: Why? Let us dream things that never were and say: Why not?" This is very much a missionary's question - and, today, the missionary must not only answer traditional questions, but also question traditional answers.

//Dr. Ralph Buultjens is professor at the Maryknoll Seminary and the New School for Social Research in New York. He is Chairman of the International Development Forum, consultant to international organizations and author of many publications - most recently, The Decline of Democracy (Orbis Books, Maryknoll, N.Y.)

Reference: WORLD PARISH, Vol. 18, October 1978, No. 166.

THE INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE

Alma-Ata, USSR - September 6-12, 1978Part II - A Field Trip to Karaganda

By Sr. Frances Webster, scmmm

The USSR host government made available, totally free of charge, field trips in Kazakhstan at Alma-Ata and Karaganda, in Uzbekistan at Tashkent, Samarkand and Bukara, and in Kirghizstan at Frunze. Naturally not everyone could be accommodated on the same field trip. Also, some trips were more especially favored because in addition to the health care/medical facilities there was an opportunity for some interesting sightseeing as in Tashkent and Samarkand. I was probably one of the last ones to sign up for a trip and had the choice of Alma Ata, Frunze or Karaganda. As I wanted very much to see a feldsher post and the organization of health care in the interior, I chose Karaganda, a coal mining city (Population 600,000), an hour and a half plane ride across the steppe to the north of Alma Ata and halfway between it and Siberia.

The "field trip" was tightly planned. At one point a change was made because, it was said, we had taken too long at one place and there was not enough time. The missed trip was one which would have taken us some distance out of town. My desire to see a feldsher and a post staffed by a feldsher or a feldsher/midwife combination was not fulfilled. Did we miss it with the change? I don't know. In talking to other participants of the Conference, both those on the Karaganda trip (we were seven groups of twelve to fifteen persons) and those who went elsewhere, it seemed only one group met up with any feldsher, or that kind of basic work, and I had no opportunity to find out anything first hand. Many others, besides myself, were very disappointed in this respect, as so much has been written about the feldshers in the USSR. But they were not to be seen!

What did we see? Mainly medical facilities, all of which had a component of health education in terms of leaflets etc. During the day and a half in Karaganda we visited the Sanatorium-Preventorium of the Mikhailovskaya Mine, a Dispensary of the Mine, an Oncological Dispensary, the State Medical Institute, a Maternity Hospital and its Maternity Welfare Center, and the Central Pharmacy. The pattern of the visits in each place was similar.

We were welcomed - cordially but formally - by the person-in-charge who seemed very politically oriented, judging from the speeches, which were all remarkably alike. There was a section devoted to the politics of the situation which related all improvements, progress, etc. to the change of government after the Great October Revolution. Anything able to be criticized took place before the revolution. There was never any criticism of events after that time, even in personal conversation. This was so marked, it gave an unreal feeling, as such a satisfactory state of affairs is not "human". In addition, the speeches were sprinkled with so many kinds of figures showing marvelous progress etc. that I felt inundated with figures.

After the welcome, we were introduced to the doctor(s) - some men, some women - who took us around and explained the work of the unit(s). We had reasonably good interpreters with us although the medical vocabulary gave difficulty sometimes and might be the reason why some of our questions were poorly answered. There was no freedom to deviate from the planned excursion route and the few times I wandered off to see what was "around the corner" or delayed to look at "something more", I was politely brought back to the group. One was impressed with the great cleanliness and order. In some instances it was so marked, I questioned if it was a place in which work was actually done or whether it was only a "showpiece". Many areas had been very freshly painted and some of the sheets, curtains etc. were obviously new. The uniforms of all the personnel seemed to be a white coat and a tall white "chef"-style hat. I wondered if it was a general service uniform, since the maids in the hotel, the women selling ice-cream, some clerks in the food shops, as well as doctors, nurses and pharmacists, had the same kind of coat and hat. The nurses were distinguished by a small red cross on the hat.

There was very little activity at any facility, probably because we visited on Saturday and Sunday. We saw only the few personnel who were there to receive the guests and take them around. After we had toured the facility we were brought back to the first room where we had been welcomed, and were treated to a light refreshment of mineral water, wine, occasionally something stronger, candy and fruit. At each place we received a small souvenir, such as a china cup used in the area for drinking tea, etc.

At the Preventorium-Sanatorium we saw one patient who was receiving a mudbath treatment, as well as several patients in their rooms. These rooms were small, simple but cheerful and had the minimum necessary furniture: bed, small table, chair. We were shown the various types of physiotherapy machines in use. The patients (330/month) are ambulatory. Some stay for a rest of 30 days, others continue working during the course of the treatment. Cost to the patient for rest treatment was rubles 15.30 (c.a.\$25.55 at the present exchange of ruble 1 = \$ 1.67), though some were free of charge. We were told the most common complaint was "peripheral nervous diseases" and efforts to get more clarity as to what this meant were fruitless. All patients during their stay receive dental check-ups. The facility serves factory and office workers of twelve mines and thirty enterprises of the Karaganda industrial complex.

Leaving the Miners' Preventorium, we went to a Dispensary at one of the mines located at the city limits. This was only a small unit catering for 2000 miners and their families. It had the usual equipment of a dispensary plus health education material and was in charge of a male doctor. In addition, in the Mine Administration building we saw a very small first-aid station (public health post) which also had some of the same health education material. The attendants of this post are miners who are trained in first-aid for injuries occurring in the mine.

We did not meet them nor did we see anything of the miners, except one patient who had come to have a hand injury dressed. Part of the work of the dispensary is routine health check-ups

of all the employees. It was said the miners had chest X-rays done twice a year to detect any early lung disease.

On Sunday morning we visited the Karaganda State Medical Institute (founded in 1950), one of five Medical Institutes in Kazakhstan. The Institute has four faculties, which train doctors in Medical, Pediatric, Sanitary and Hygiene, and Dental work. It has 1500 admissions per year and graduates 900. Like all Medical Institutes in USSR, it has preparatory courses and special classes available at Alma Ata and neighboring towns for those advanced workers and collective farmers with a service record who are going to get into the Medical Institute. The general medical education at the medical and pediatric faculties is complete after five years. Some of the initial courses are the same. In the second year the students begin their specialization. Practical hospital experience takes place in the third, fourth and fifth years. In the sixth year further specialization in the clinics is given. For the medical faculty students, the specialties are therapy, surgery, obstetrics and gynecology; pediatric faculty students specialize in child infectious diseases, child surgery with orthopedics. Students in the Sanitary and Health faculty follow a very different course of studies. In the first two years the courses are in general education and biological subjects. The next two years are devoted to hygiene of various areas, such as work, food, children and juveniles, communal hygiene, epidemiology along with an array of clinical and social-political subjects. Students of stomatology and pharmacy have a five-year course. The Institute has 55 chairs and a staff of over 600. The education is free.

Actually we visited only a small area of one building of the Institute (there are five buildings). We saw several small laboratories, the gymnasium where a game was in progress and the library. A poster in the hallway had the caption in English: "Physical Culture is the second occupation of the doctor". There is much stress on physical culture in the USSR. The Institute has a chair of Physical Education and for first and second year students this subject is obligatory. Eighteen kinds of sports are available. The library has some 300,000 volumes including 95,000 text books, many of which on the shelves dealt with Marxism-Leninism, Socialism, Communism. The leaflet we were given states: "The library is of great help to the lecturers and the students in the teaching procedure, in ideological and educational scientific research work". (emphasis mine)

There are student "working vacations". How often they occur, I don't know. The pamphlet of the Medical Institute stated, that in the past five years rubles 5,597,000 were "realized" by the members of the students' construction teams of the Institute, which took part in the construction of the Irtysh-Karaganda canal and in a number of industrial and agricultural projects. Annually, a 100 people team is sent to the Astrakan region for crop harvesting. While doing construction work last year, members of the students' teams gave over 1000 lectures on medical and general political problems. The doctors who went with the student teams gave medical aid to over 1500 people. Also in 1977, students of the Institute organized 14 clubs and 12 libraries supplying them with 3500 books. They gathered over 100 kg of medicinal herbs for the State, besides giving 250 special lectures and 20 concerts to the rural population.

A foreign student I happened to meet told me a little about that kind of vacation from the students' point of view. He said he had chosen such a "working vacation", whether for the experience or to earn money, he did not say. They were housed in large dormitories and wakened at 5:00 a.m. (whether it was by bell or whistle I don't remember). They were expected to be out on the field for exercises within five minutes and if they were late received a sort of "black mark" from the supervisor. The work was heavy manual work and closely observed. If a worker stopped to stretch his back or relieve his hands, he got another "black mark". These were deducted from the perfect score of 10. Payment was relative to the score one made. The very best workers never received scores higher than 6. He seemed quite disillusioned with his life in the USSR. He also complained that although he was well prepared for his studies, he had to spend a full year on political subjects which were essential if he was to go on with his program. He felt many of the professors were reluctant to share their knowledge, but that if one was very bright and clever it was possible to get a good education.

The training of medium-level medical workers is done by the 28 medical colleges which are available in almost every regional center and big city. The Kazakhstan colleges admit applicants with 8-10 years general education. The theoretical and practical training takes 2-4 years, depending on the level of school education and the specialty to be acquired. Special attention in the colleges is directed toward acquiring knowledge and skills in social and political work. The state allocates 1000 rubles a year for educating a student of a Medical Institute and 500 rubles for one in a Medical College.

I found it very interesting to learn that feldshers were part of the very inadequate health system of Tsarist Russia. The Russian ruling circles viewed medical care for the peasants as a luxury and believed that among the working people only simple diseases occurred. To treat these a feldsher would do. The saying was: "a doctor for gentlemen, a feldsher for countrymen." Therefore most of the care of the rural population was given by midwives and feldshers. The revolution organized the rural areas, dividing each rural district into medical areas with a hospital at its center. Each hospital was headed by a doctor assisted by feldshers. A policy of providing ever more doctors and decreasing the number of feldshers, who have also been progressively upgraded in their training, has been followed. It is planned that more and more the work of the feldsher will be limited to preventive work in the rural areas. All other medical aid is eventually to be in the hands of the doctor. As in most European countries, Primary Health Care is becoming actually Primary Medical Care.

We visited Pharmacy No. 80, the central district pharmacy. It was a rather large pharmacy where proprietary medicines were sold and where there was also a large section for making up prescriptions. There were two large counters. At one of them, certain medicines not requiring a doctor's prescription, e.g. cold tablets, aspirins etc. were sold, and at the other only prescription drugs were available. Medical care in the polyclinics is free, but medicines must be purchased. A few drugs are imported. We saw containers from Hoffman-la-Roche,

Parke-Davis, Ciba. Most of the medicine comes from the Central Stores, and proprietary drugs are manufactured in the USSR. In one corner of this very clean, up-to-date-appearing pharmacy was a board on the wall with names of medicines, and alongside the name buttons to be pressed. The purpose? To see if a particular drug is in stock, the customer presses the button beside the name. If it lights up, the medicine is available. If not, the customer goes to a person in a little "cashier"-type cage who looks in the book to see what pharmacy does stock it, and then telephones to see if it is actually in stock. Only a few people came in during the hour we were there.

From the beginning of Soviet power, maternity and child protection were given primary importance. We visited Maternity Hospital No.1 (opened in 1938) which has 120 obstetric beds and 130 gynecologic beds. There were eight departments: 1) maternity, including facilities for surgery, 2) postnatal, 3) observation, 4) baby, 5) pregnancy pathology, 6) conservative gynecology, 7) operative gynecology, 8) abortion. To visit the maternity section we were required to put extra covering over our shoes, wear a white coat, a cap (the chef kind) and a mask. At the entry point where we were furnished with this costume, there was a closed circuit video screen. We were told that once the patient is admitted the relatives can only visit with her via the video! No visitors are allowed. We saw a delivery in process, which was attended by a doctor, a midwife and an anesthetist. This kind of team, we were told, attends all deliveries. We were given the figures of 98.1% as the utilization of in-patient obstetric aid in the Republic of Kazakhstan. We saw only an empty newborn nursery. The operating rooms were good size and seemed well-equipped.

Following this, we visited the nearby Maternity Welfare Center of Maternity Hospital No.1. It is designed, they say, to accommodate 550 visits a day. We saw about ten patients on the Sunday afternoon. The pregnant women are expected during the first months to report monthly for examination, in the second trimester twice a month and in the 9th month three times. The Welfare Center consisted of a waiting room, doctors' offices and examining rooms, provision for minor surgical procedures done under local anesthesia, and rest rooms for the patients for a one-day stay. The patient brings her own meal if she wants one, as the unit only provides hot tea for the day.

Lastly we were taken to the Karaganda Regional Oncological Dispensary which has 200 beds and a 30 bed boarding house for patients coming for ambulatory examination and treatment. I rather think the section we visited was the boarding house, as all the patients seemed to be ambulatory and ready for discharge. We saw only a few bed-patients.

So, the field trip consisted of visits to traditional type institutions of a moderately sophisticated level. There was a constant emphasis as we went around on up-grading and progress

which in actuality seemed to mean more buildings and more and more machines! While it is very understandable that the former totally inadequate health coverage needed remedying and has been changed in a relatively short span of time from almost "no-care" to very good care, one has the impression that this health system is on the same spiralling trend toward more and more sophisticated care, that is evidenced in other industrialized countries. For example, the 9th Five-Year Plan (1971-1975) allocated 85 million rubles for "mastering and introduction of new medical apparatus and equipment". In the 10th Five-Year Plan (1976-1980) the sum was increased to 125 million rubles for "new apparatus, installations and sets".

This evident wide health coverage stressed the maintenance of health, both individual and community, because of the realization of the social importance of health care, its influence on the rates of economic growth and social development (1). The Minister of Health of the USSR has stated (2): "In the USSR... we proceed from Lenin's thesis that under socialism health is public property...The main principle of Soviet public health is its state nature. The public health development plan is part of the general state economic plan."

I found this emphasis on the productivity of the individual as the main reason for providing health care disturbing. Do we hear echoes of this emphasis on productivity in the sentence already from 30 WHA (1977, part I) that primary health care is the key to "the attainment by all citizens of the world of a level of health that will permit them to lead a socially and economically productive life"? In the WHO pronouncements is there influence from the Soviet countries? The Soviet Minister of Health, B.V. Petrovsky, thinks so, judging from his remarks:

"Today the socialist public health system has become international, and theory and practice of socialist public health have been recognised throughout the world. This has been confirmed in the resolution of 23 WHA, 'On the basic principles of developing national public health', where the time-tested general principles of socialist public health have been recognized as the most effective and are recommended to all WHO member-states to be used in building national services and systems of public health with due account of their national, historic, social, economic and other conditions". (3).

The Conference made me much more aware of, and sensitive to, the terrific political power contained in the concept of Primary Health Care. Visiting the health facilities in the USSR also made me realize the far-reaching influence the political environment can have. For, the same generally accepted principles can become totally different realities, depending on the political system which implements them.

Community Participation is essential in the concept of Primary Health Care and is probably the most revolutionary and awesome step in the area of implementation. If a community is taught to think, to solve its problems in the health field, it becomes a community that is growing toward maturity in all areas of life. There is a truly great potential latent in countries

which will encourage such communities. If, on the other hand, this community participation is imposed, directed, regulated, so that the idea receives only "lip service", it can become only a means for forcing compliance into a state machinery.

Therefore, depending on the milieux - political, social and cultural - in which Primary Health Care flourishes, the outcome can be genuine liberation or more grinding oppression.

.....

Footnotes:

- (1) Soviet Public Health and the Organization of Primary Health Care for the Population of the USSR, p.9.
- (2) The Main Stages, the State and Prospects for Developing Therapeutical and Preventive Aid for the Population of the USSR, B.V. Petrovsky, 1978, p.11.
- (3) Idem, p.14.

Reference: SMM-I No. 109 FOURTH INTERIM ISSUE, 25th January, 1979.

:::::~

SOUTH AFRICA

CHURCHES URGED TO TAKE STAND AGAINST RACE LAWS

Pretoria, 18th April 1979 -(DIA)-

Laws which hinder normal personal relations between people of different races should be opposed by the churches which should appeal to the government to repeal them. This was the recommendation of the working group on personal relations at the consultation on the church and its social responsibility, held in Pretoria, South Africa.

The working group's report said it was a matter of great urgency that the church should take a clear and unequivocal stand on certain issues in order that its witness within society should be effective. The issue, the report noted, were freedom of worship, freedom of movement for all people, freedom of choice of domicile, the repeal of certain legislation hampering personal relations, the repeal of legislation affecting the dignity of the person. Among the laws singled out were the Group Areas Act, the Press laws, the Race Classification, the Immorality Act, the Prohibition of mixed marriages Act, and legislation affecting separate amenities and job reservation.

The report also called on the churches to work together on service projects such as centres of concern, creches and adult classes. Finally, at the end of this consultation on the church and its social responsibility, a memorandum was published giving the reasons for the church's rejection of the government's apartheid policies:

- Apartheid denies the unity of all people in creation;
- Apartheid classifies a person and determines his place in society solely on the grounds of colour;
- Apartheid has caused and is still inflicting untold human suffering and misery.

The memorandum states that the Gospel command to love one's neighbour implies justice and for this reason the church calls on the government to call a national convention of all the people of South Africa.

A/E4/414

Reference: DOCUMENTATION AND INFORMATION FOR AND ABOUT AFRICA, No. 167, 18 April, 1979 - 15th Year.

S.E.D.O.S. HEALTH MEETING

The 2nd meeting of the Sedos Health Group took place on April 5th at the Generalate of the Salvatorian Fathers, Via della Conciliazione 51. Eleven members from 9 congregations were present.

The topic was primary health care in relation to the year of the child and to basic Christian communities. It was looked at in the framework of the Alma Ata Conference of the World Health Organization.

Sr. Frances Webster raised some very pertinent points for discussion.

- In 1979 one half of the 15 million deaths will be children under 5. What will happen to children when the Year of the Child ends? There is a need to help educate mothers, to provide safe water and to ensure a reasonably stable economy if children are to have an opportunity to live and to grow up healthy.

Are we alert to making people aware of their "health rights". In one country polio vaccine has been unavailable for 10 months. People should demand it. In another country 1% of the population get 40% of the health budget while 90% get 15% of the budget.

The group discussed various ways of making simple health care more universal by:

- use of village health workers;
- use of traditional health workers e.g. herbalists, local midwives;
- concern for safe water, sanitation, nutrition, adequate housing;
- working out ways in which people can have something to say about health care;
- educating the community to use its own resources to improve health - setting up good farms, providing clean wells. It is important that health care be community - based.

Because of the importance of community based health care, the missionary has a vital role to play. Basic Christian Communities with their emphasis on concern and personal relationships are an important means. Can we think of Christ's command to offer a cup of cold water in His Name as emphasizing "a cup of safe water"? Catechists could also be used to help promote correct attitudes towards health and medicine.

It may be difficult for us as missionaries to mobilize public opinion in favour of primary care because of our own conditioning with its emphasis on sophisticated medicines and hospital care but how missionaries/priests, brothers and sisters, react to primary health care is important in implementing the programme.

If primary health care is left to governments it can become very regimented. The success of the primary health care depends on its remaining flexible, open to community needs and resources.

It is important in a country that not only the health department concerns itself with the programme but also the development department and the education department. Equally, it means that not only the Church's medical workers be concerned but also development workers and educators - in other words everyone engaged in promoting the spiritual and material development of the community.

Some time was spent in discussing how the Health Group could increase awareness of the importance of primary health care as part of the integral development of man, especially among non-medical missionary personnel. It was suggested that a short account of a case study of a primary health care project might be circulated to members of our congregations with the suggestion that local communities discuss how they could promote this concept in their particular situations, e.g. school, parish, hospital, basic Christian community, our own religious community. It was pointed out that as religious it might be necessary to examine our view of medical care.

: : : : : :

AFRIQUE

Centre régional de recherche et de documentation
pour les traditions orales et le développement
des langues africaines

Le 25 août 1977, à Yaoundé, à l'issue d'une réunion organisée conjointement par l'Agence de coopération culturelle et technique (ACCT) et l'Unesco, a été signée la convention créant le Centre régional de recherche et de documentation pour les traditions orales et le développement des langues africaines (CERDOTOLA). Les gouvernements de onze pays ont participé à cette création: Angola, Burundi, Cameroun, Empire Centrafricain, République populaire du Congo, Gabon, Rwanda, Guinée équatoriale, Sao Tomé, Tchad et Zaïre.

Le CERDOTOLA a pour objectifs de coordonner les projets régionaux et d'assurer la liaison avec les institutions nationales de recherche, de faciliter la recherche dans le développement des traditions orales et des langues africaines, de promouvoir les moyens de collecte, d'étude, de conservation, de préservation et de diffusion des traditions orales.

("Bulletin de l'Association internationale des universités", Paris, mai 1978).

Reference: BULLETIN DU CENTRE DE DOCUMENTATION DES ORGANISATIONS INTERNATIONALES CATHOLIQUES D'ENSEIGNEMENT, No. 58 - Octobre 1978.

: : : : : :

The SVD Fathers have two other telephone numbers:
57.45.000/57.45.202.

FROM THE EXECUTIVE SECRETARY:

--During my trip to Ireland and England, I received information on the following courses:

A Residential Summer School on Islam and Christian-Muslim Dialogue to be held at Selly Oak Colleges, Birmingham from 15th July to 27th July, 1979. Fees for the course are £150. There are still a few places. For further information either consult the Secretariat where we have two application forms or write to Secretary, Centre for the Study of Islam, Selly Oak Colleges, Bristol Road, Birmingham B29 6LE, U.K. Tel.(021) 472.42.31.

M.A. Diploma and Certificate Course in the Irish School of Ecumenics. The school exists "to engage in research and teaching with a view to promoting the unity of the Churches, the religions and the people of the oikoumenen of the whole inhabited world. For further information on courses, grants, fees, etc., please consult the brochure at the Sedos documentation centre or write to Admissions Secretary Irish School of Ecumenics, Milltown Park, Dublin 6. (The Autumn term begins on 1st October and there are still a few vacancies).

Conference on China, Medicine and the West to be held at Lady Margaret Hall, Oxford from 22-28 July. Details from Europe - China Association, 7 Square de la Quietude, B - 1150 Brussels.

--The latest addition to our tape library is a lecture by Dr. Robert Muller of the United Nations. The original lecture was given at the Conference of the International Association of Mission Studies held last August. The talk accentuates the spiritual dimension of the United Nations and it is one of the best talks I have heard in many years. (We also hope to obtain some of the talks given at the Irish Missionary Congress to add to the Sedos collection).

--News of former Sedos staff -

Ms. Peggy Poole is now principal of a primary school in Louisiana. She often asks to be remembered to her Sedos friends.

Our congratulations go to Jack Meko who has just been named principal of the Notre Dame International Primary School.

Ms. Philippa Wooldridge held an exhibition of her paintings at the end of March. Many Sedos members were among her fans visiting the display. The above just goes to show what talented staff we have!

--Our book sale was a great success. Not only did many people find what they were looking for, but it proved a great social event as well. From time to time I order additional copies of books and other items which I think members might be interested in. At present we have on hand: 2 copies of "Spirituality for Mission" by Fr. Michael Collins Reilly, S.J. - 7500 lire; 2 copies of "Praying the Our Father as Subversive Activity" by Fr. Michael Crosby, ofm-cap, - 6000 lire. Copies of the Daily Telegraph Maps - 1,500 lire each (1 each of Latin America, the Far East, the Middle East, the World). 1 copy of the 'North/South Map (3,800 lire).

A MISSIONARY PEOPLE IN A NEW MISSIONARY ERA--the Irish
Missionary Congress held at Knock
from 22nd to 29th April, 1979

The Congress had as its aim the re-animation of the missionary spirit of the Irish people, in the belief that an active involvement in the first preaching of the Gospel and a vigorous home church go hand in hand. Knock was chosen for the congress partly because it is the centenary year of the apparition of Our Lady and also to highlight the inspirational character of this church event. A spirit of pilgrimage was to mark the celebration and to renew the conviction that the faith and fervent prayer of the people is the source from which our missionary activity springs.

The above is the description of the organizers' intentions and having been present for the entire congress, I can only say that I think their aims have been fulfilled. Certainly the many discussions groups meeting twice a day made the participants aware of the variety of aspects which go into the first preaching of the Gospel - mission renewal, spirituality, inculturation, the role of the laity, justice and peace, basic christian communities, communications, building communities of faith. In every discussion group the missionary concerns were related to missionary's role in the home church and in particular his concern for the question of northern Ireland.

Many of us have attended conferences which deal with these missionary topics, but probably few of us have done so in a setting where we had the opportunity to do it in an atmosphere of pilgrimage. Each day missionaries and people - the sick and elderly, religious, families of missionaries, school children of various ages met at the Eucharistic liturgy to "renew the conviction that the faith and fervent prayer is the source from which missionary activity springs."

For the people who arrived at Knock for the day pilgrimage there were a variety of activities: first a welcoming talk in the Basilica usually given by a visiting bishop. This was followed by a drama illustrating the inequality of wealth as it affects the poor countries. There was a video tape of the Pope's message to the Congress, an exhibition and a showing of missionary films. After the impressive three o'clock liturgy, an Open Forum was held. Some of the topics discussed were "Old and Young Churches in Dialogue" by Bishop O'Meara; Christian Witness in Today's World by Fr. José Comblin; New Ministries in the Church by Fr. Divarkar, sj; "The Role of Women in the Church" by Sr. Mary Motte, fmm; "The Response of the Young Churches to Mission" by Cardinal Cordeiro and "The Future of Mission" by Mr. Vanistendael. At the final session, Archbishop McGrath of Panama gave an informative lecture on Puebla.

While we hope to have shortly the final list of resolutions we quote below from the reports from various workshops to give some indication of the thinking which prevailed:

- With regard to mission in reverse we are in search of means for making fuller use of returned missionaries (clerical, religious, and lay) within the Irish Church, and of opening ourselves more fully to collaboration with the Irish Church.
- We suggest that a centre for mission animation, formation, and research both for missionaries and for mission awareness be established.
- The Missionary Congress provided a unique occasion for mutual enrichment and sharing of pastoral insights between home and mission churches.
- Evangelization as dialogue was seen with a new clarity, though the consequences of this in the apostolate were not fully developed. We are convinced that dialogue is central to mission at all levels at home and in trans-cultural situations, and is a key feature of the new missionary era because of our acceptance of the good in other religious traditions that are at the centre of mission today.
- The mission of the Church is to people in their concrete situations therefore the elimination of inhuman poverty is central to that mission. Education for justice is an essential element in all christian formation. This necessitates education towards: a new awareness, a new vision, a new commitment. A spirituality which claims to be christian must be rooted in the reality of life. This demands a new integration of prayer and action. Missionary attitudes must be rooted in sensitivity to people in their concrete situations and cultures.
- We believe that the Church is by its nature missionary, that the Church is the people of God. A country is missionary only in so far as its people are missionary. A Mission minded Hierarchy does not make a Missionary people - it points the way. Neither of itself does a Mission-minded clergy make a missionary people, it facilitates the process. Unless there is genuine participation by Lay People in the Mission of the Church, then the presentation of the Missionary ideal can well remain something of passing interest, having no real continuing and vital presence.
- Our missionary task can be described as a Dialogue. New insights emerged into the nature and necessity of this dialogue. We came to understand it as mutual acceptance leading to communication between persons, a communication that must be on-going and constantly renewed. We communicate person to person, not religion to religion. This leads us as evangelisers to a new understanding of the missionary vocation today. In accepting pluralism and diversity in the Church we have recognised the necessity of bringing the Gospel message alive in every cultural setting. The primary implementors of this bringing alive, this incarnation, will be the evangelized people themselves.

--Everyone in the task of evangelization is working in the field of communications. The mass media and group media are not the exclusive territory of the professional. We need to explore our skills for more effective communication of the Gospel message.

In the final summing up the recommendations were grouped under three main headings: 1) the need to rethink our approach to mission in terms of approach, formation and the role of the laity; 2) the need for dialogue with the home Church in terms of mission awareness for encouraging in an Irish context the concept of Basic Christian Communities and for an exchange of personnel in work for justice and peace; 3) the consideration of founding a centre for on-going animation and spiritual renewal of the missionary and of the home church, to train leaders for mission animation, to do research in relation to future mission policy, to train personnel for justice and peace work and for work in the communications media.

(Another project of the Congress Committee was the preparation of a very attractive book giving the views of twenty-one active Irish missionaries and answering such questions as: What are the missionaries like? What do they do? Why do they do it? A copy of Builders of Bridges is in the Sedos Documentation Centre).

:::~::~:

ITALY

15TH INTERNATIONAL CONFERENCE OF RELIGIOUS SOCIOLOGY.

Kinshasa, 20th April, 1979 -(DIA)-

The 15th International Conference of religious sociology will be held in Venice, Italy, from 26 to 30 August 1979. The central theme of this conference will be: "Religion and Politics". This theme will be examined and discussed under the three following aspects:

- "The relations Religion - Politics with integration as leading feature", under the chairmanship of Prof. K. Dobbelaere of the Catholic Louvain University, Belgium.
- "The Relations Religion - Politics with conflict as leading feature", under the chairmanship of Prof. M. Gannong, of Loyola University of Chicago, USA.
- "The Relations Religion - Politics with adaptation as leading feature", under the chairmanship of Prof. K. Yanagawa, of the University of Tokyo, Japan, and of Prof. F. Isambert, of the School of Higher Studies in Paris. France.

The 15th International Conference of Religious Sociology will bring together 350 specialists in religious sciences coming from 40 nations. Africa will be represented by Mr. H. Aguessy, Professor at the University of Benin, and by Fr. Ngindu Mushete, Professor and Academic Secretary at the Faculty of Catholic Theology of Kinshasa.

Before the Conference, the participants will receive the Acts: a volume of about 500 pages. They are supposed to study this before the conference. Consequently, the authors don't read the texts at the plenary sessions; the session begins with a recorder who presents his remarks on the texts published; this be followed by a discussion between the authors and the participants.

A/E4/424

Reference: DOCUMENTATION AND INFORMATION FOR AND ABOUT AFRICA, 18th April, 1979 15th Year, No. 172.