DOCUMENTATION
SEDOS

74 n. 20 Rome, 7 June 1974

This week :

"This is the first meeting of the Health Group of Sedos in 1974. I would like to welcome all of you. I hope we can have some very fruitful discussions during the year. Before I introduce our speaker I would like to give you a brief outline of the plans that Health Working Group have proposed for this year and which we hope will culminate in a 2 day-Seminar in the spring of I975. Our time for these meetings is always short and in order to accomplish anything we feel that we should consider each meeting only as a piece of work which together develop a worth while whole.
Naturally our interests lie in the Health Field but this does not mean that all participants are Health professionals. In fact, it is better that they are not and we are very pleased that today we have many non-professionals participating.
Our discussions in preparation for the Seminar will center on the NOW situation of our church-related health works taking our analysis from 3 points of departure which are related to the 6 crucial questions with which you are familiar. Today we will start with a backward look to situate ourselves historically and then look at our works as we ourselves see them and try to honestly discern how the people for/with whom we work see them. Then in October, we will examine them as a part of the total health care system in their area and later, perhaps in January, to see them as they relate to the local Church. With this imput and with the deliberations of the Synod on Evangelization available to us by then-in our 2 day seminar we could look at possible plans for the Future - and reflect on the Healing Mission of the Church in our times".

With these words, Sr. Fr. Webster scmm-m, Chairman of the SEDOS Health Group, set the scene for the stimulating afternoon of June 4, 1974 which we dedicated to the topic of "where we stand as Church related health workers". This issue of SEDOS documentation tries to communicate to those who were not present the main ideas which emerged and some of the experiences which were shared.
It includes:

The message of the meeting merits the attention of all concerned with the mission: it is time to integrate our health work into the total thrust for human development and salvation.

N.B.- SOCIAL COMMUNICATIONS 11.6.1974 at 16.00 - SEDOS SECRETARIAT
- SEDOS SECRETARIAT will be closed on June 14, 1974.

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SEDOS - HEALTH WORKING GROUP - MEETING OF JUNE 4, 74

TOPIC: WHERE WE ARE AS CHURCH-RELATED HEALTH WORKERS

Introduction by Sister Gilmary Simmons, MM

I have been asked to open our discussion by giving a brief historical perspective of not only pre-scientific healing (traditional medicine) but of the evolution of healing as it related to religious world views. This, we will try to relate to the deepest expression of healing as it is found in the Christian religion. As the Gospel message unfolds, it teaches us that man is not the ultimate master of his fate, that every man is of value in the sight of God who loves us all without condition, and that the powers of evil are real, but that freedom from them has been won by the victory of Christ who offers men healing and new life. There, is the good news for those in distress, insecurity, fear and in the crisis of sickness and death.

Historical Perspective:

Long before the history of Israel , there were physicians in the highly developed city cultures of Egypt and Babylon. In Israel, there were individual doctors - people especially gifted in treating wounds, putting bones together in splints. They did not do this as a profession; they were men of God with special powers of healing. Every healing, whether done with the help of home-made remedies or by a person with special gifts, was understood as done by God. The following two incidents show us how healing is understood in the Old Testament. The first is the healing of Naaman, a commander of the king of Syria (II Kings-5). The second is the story of King Hezekiah, who was seriously ill and near death. (Isaiah 38) In both cases, healing is looked upon as an event related to God - a meeting with Him. It is not that they recovered and then thanked God afterwards. A 'natural'healing can bring a person into relationship with God just as much as a so-called 'miracle' healing.

In the New Testament, this is apparent in the story of the ten lepers, (St. Luke 17). They all experienced a miraculous cure - a cleansing - but only one experienced an ecounter with God. Only one of them said something and did something in response, just as in the two healing stories of the Old Testament mentioned above.

Healed for what?- not just an individual cure, but a person made whole in his relationship to God and to his fellow men - committed to again go out to heal others in the community!

The Apostolic community of the early Church was a healing community. The Acts of the Apostles and the Epistles show that the practice of healing was part of the regular activity of the first Christian communities, born out of the sense of the wholeness of their mission to the world. Although special powers were given by the Holy Spirit to certain individuals, the ministry of healing was corporate: communal prayer, worship, anointing with oil, laying on of hands etc. Christian literature during the first 300 years shows that healing continued to be a part of the life and witness of the Church.

In the fourth century, there occurred a very significant event in the history of the Church. In the year AD 312, the Emperor Constantine saw a vision of the Cross in the sky near Rome and he became a Christian. So, overnight, the Christian Church changed from being a small persecuted church to being the state church of the Roman Empire. The Church increased enormously in size and the congregational structures were inadequate to deal with the numbers. This applied to healing as well as to other activities. There followed the building of hospices and hospitals, first in Asia Minor, where Basil of Caesarea of Cappadocia was one of the first hospital builders. Then later, in Rome, the evolving practice of medicine of the Greeks and Romans was dominated by the theories of Aristotle and Galen and was often thought to be little more than magic and superstition. Historians of this period frequently try to paint the picture of medicine as an experimental science of the Greeks which was in constant conflict with the Church, which opposed its progress. This was probably not true, or at leat, only presents one side of a poorly understood period in medical history.

Historically, the Christian community gradually lost its healing role. Healing became linked with superstition and ignorance. Anointing with oil as a means of healing was changed into the practice of extreme unction, as a means of preparing the soul for death.

The Church's main contribution to Healing during the middle centuries lay in compassionate concern for the poor, the destitute, the sick in need of care. Monasteries and hospices (forerunner of the hospital) were opened as places where the sick and poor could be cared for, and congregations of men and women were formed to serve and care for the afflicted.

Until recently, the modern period has been marked by an increasing separation between the material, the province of so-called scientific medicine, and the spiritual, the province of the congregation, the priest, the pastor. The healing in the Apostolic Church became the caring of the Middle Ages, and in modern times, has become the emphasis on the dramatic, effective cures of modern medicine. The temptation to overemphasize physical healing is understandable because of the scientific, technological advances, which were 'disease oriented'. We must, however, exactly for this reason, stress the wholeness of healing.

Nineteenth century: Growth of 'Missionary Medicine' - It was in the early nineteenth century that we find the beginnings of the modern era of missions. In 1845, there were just a few Catholic and Protestant medical missionaries at work (30-40). The high watermark of institutional involvement came about 1910, when there were more than 2,100 hospitals associated with Protestant missions and about an equal number of Catholic hospitals. We cannot deny the outstanding contributions which these institutions have made and continue to make to the quantity and quality of medical care in the countries they serve. Not only did religious organization introduce western medical science to Asia and Africa, but their signal contribution lay in their emphasis on the worth and dignity of the individual, and in so doing, they exemplified a quality of patient care which is without parallel. It is natural that a Government should develop a certain impersonality in its treatment of individuals, because it deals with the aggregate, while the Church must uphold respect for individual care through its faith in the unique love of God for each person. Having acknowledged this, we must recognize that this significant Christian contribution has often

been the greatest point of tension for the church-related hospitals. The sheer weight of numbers over against depleted resources of personnel and finance will often lead to a decrease in individual care, so that the institution and its staff end up doing less and less for more and more.

It is the paucity of hospitals, doctors and nurses over against the mass of human need. At the present time, in the developing countries, 70-80 percent of the rural populations are receiving no health care. Certainly in the light of this, it becomes apparent not only to the churches but to the World Health Organization and to Governments responsible for health care planning, that more hospitals, more doctors, more nurses do not provide the total answer to the health needs of the world. It is interesting to note that during the last few years, more and more international and national health consultations have focused on "health and wholeness" in relation to the whole community. The Church, as a Christian community, and as part of the universal community, is searching for its new role and rightful place.

Following the first Tübingen Consultation in 1964 on the 'Healing Church', there have been many similar consultations in Asia, Africa, America, and elsewhere in Europe.

Here, I would like to summarize some of the concepts of health, healing and wholeness as they emerged in a conference on the 'Healing Mission of the Church', held in Coonoor, South India by the Lutheran Church in March 1967.

1) <u>The brokenness of man</u>:
The brokenness of man must be understood from many perspectives. A physician views it as an invasion by disease, harm from injury or failure with age. A psychotherapist thinks of it as man at war with himself and others, distorting resources so that they become destructive. Sociologists see man's brokenness in terms of twisted relationships between individuals, sexes, races and classes. Philosophers see men exploiting knowledge and prostituting it to purposes which may vitiate rather than build up hope.

2) <u>The nature of healing</u>:
In the ministry of Christ, healing played a prominent role. The early Church also emphasized its calling to heal. Our study of healing then, must begin an understanding of the healing ministry of Christ. A discussion of the healing ministry of the Church must include a consideration of the significance of Christ's death and resurrection. Christ's death not only healed and atoned, it reconciled. All reconciliation and healing flows from His reconciliation. The Lord of all creation participated in our agony, sickness and death. He gained the victory for the whole of creation.

Healing can be described as the constructive forces which are at work within the individual, within the community, within the cosmos.
These integrating forces work toward wholeness and against those forces of destruction which create disorder and disintegration. The intent behind this definition of healing is to describe the process of healing in the broadest possible frame of reference.

Christ's command to heal becomes for every Christian the imperative to work for the restoration of true wholeness for every sort and condition of men.

3) The nature of illness:
Illness is a process which goes on within the individual, within the community, within the cosmos. As parts of the body are linked together organically, so are men linked together in community. The whole network of interpersonal relationships of the individual is the proper framework for understanding illness. That framework includes God and his whole creation.

Illness, viewed in terms of man's total predicament helps us to understand it in its communal perspective. Thus, we see ourselves both as a HEALED and a HEALING community. Man's illness is seen as a malfunction of his total existence, including his communal relationships and his relationship with God.

4) The community of healing:
Within a given community, the congregation has the responsibility for proclaiming the Gospel. It must also be prophetic, insisting on personal and social justice, on freedom with responsibility for all men. It must condemn injustice and servitude; it must declare and defend the inalienable rights of man as a creature of God. To be prophetic as well as charismatic is to witness that God intends wholeness for all of society.

One of the signs of the age to come is healing. A congregation has in Christ that power within it. Whether manifested corporately, or individually, healing is the firstfruit of that ultimate perfect health and restoration in the resurrection life. Christ uses works done by congregations to lead men to see that death, that last and greatest enemy, has been overcome in His resurrection. By corporate concern for members who are ill, by public and private prayers, by visiting and the distribution of the Eucharist, a congregation offers healing and helps dispel loneliness and fear, even the fear of death. Creating this kind of supporting context, a congregation demonstrates that strengt can multiply strength.

The future of church-related medical work seems to be geared toward being a servant of health, rather restricting itself to stop-gap measures of fighting disease. As these hospitals and clinics establish preventive health programmes, they will serve not so much as a place to which the needy go, but as a centre from which the hospital team serves the needs of the community.

The Cultural Context of Healing: wholeness of life, Christian involvement and primal world views - At this point, a doubt comes to mind. Is the Christian religion meant to have its own self-contained monopoly on healing? Are we in danger of overemphasizing the Christian concern for wholeness, with an unwarranted assumption that the Church should be able to do a better job than anyone else? Let us dare to be honest when we talk about the Christian congregation as the primary agent of the Church's ministry of healing. We cannot honestly claim that Christians are always more devoted and more loving to the sick and poor, though again and again, the initiative and leven has come from them.

This leads us to a brief look at traditional healing or so-called prescientific medicine, and its role in the past, present and future. It is not meant to idealize primal world religions or pre-judge whether they or the cultures in which they took shape possess in themselves greater 'wholeness', more integration, balance or comprehensiveness, more unity between the individual and his world, or between the physical and the spiritual, than that found in other cultures and their view of the universe.

Basic Factors in the Context of the Healing Mission: One of the basic factors in the healing context is the attitude of people toward their world. While Christianity, Islam, some forms of animism, and some types of secularism affirm the goodness of the world, some religions and cultures are negative toward the world. Whatever the attitudes they make a difference in the way adherents of the various religions and cultures understand themselves and receive the Church's ministry of healing.

A man's understanding of the relation of the physical and the spiritual in the cause and treatment of illness forms another context of the healing mission. In contrast to the western dualistic view, many societies in which the Church seeks to practice its healing ministry have a unitary view of the physical and spiritual. The Christian healer must understand and appreciate this view of illness for healing cannot take place outside the framework of a person's total life. The healing Gospel must be relevant to the situation and culture in which it finds itself.

The constitution of the World Health Organization defines health as a 'state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity'. Recently, at the World Health Organization's 27th General Assembly, the Director General, Dr Mahler, and the Deputy Director General, Dr Lambo, stressed the need to recognize the role of traditional healing as part of the total health team. Dr. Lambo went on to say that in the world today, we are becoming more and more aware of the need to look at the totality of man, matter and spirit, body and mind. Biological medicine cannot cater sufficiently to the wholeness of man, and therefore there is no doubt that traditional healers are a valuable addition to western medicine. Traditional medicine is not a queer collection of herbs, errors and superstition, but a number of living cultural patterns, quite able to function through the centuries. This subject is a vast one which I can only briefly touch on.

In a study of African traditional medicine in Tanzania, the following points were summarized:

1) Traditional medicine has the concept and practice of treating the sick person as part of his family and community.

2) It recognizes the concept of wholeness - body, soul, sin, guilt.

3) The local healer combines the role of doctor and pastor. Physical and spiritual needs are one unity.

4) Traditional African medicine includes group therapy. The whole extended family is usually present and joins in singing, dancing, and ritual. The traditional healer combines rite with medicines and herbs.

5) Churches, as well as medical professionals have belittled and often condemned all forms of traditional healing as evil superstition. Since, in Tanzania, 50-100 percent of the Christians and even pastors are using local healers, should we not take a second look at our church laws and teachings?

In a workshop in the Cameroon, January 1973, church leaders and medical professionals studied the role of traditional medicine and at the conclusion of the workshop asked the Government to take the necessary protective measures to safeguard the national patrimony of herbalism and traditional healing.

Medical 'Care' and Medical 'Cure': You may now be asking yourself, what does all this historical sketch and theological review have to do with this workshop and with ourselves as people involved in Christian medical work as part of the service of the Church? What are the practical consequences for our lives and future work, and for the renewal of the Church?

Within medical work, there is a tendency to overemphasize physical illness, 'diseases that need to be cured', at the expense of the total needs of man as related to his total situation. (Ie, the environment and the community in which he or she lives.) Curing has to be incorporated in caring as we strive to achieve healing.
As we all know, disease and illness are most often caused by poverty, inadequate housing, lack of water, pollution and poor nutrition. With a certain 'glamour' surrounding the hospital-oriented professional healer, there has been a tendency to overemphasize medical work in the toal task of Christian mission. When the term 'healing ministry' is not used to include the wider aspects of Christiansmission, it can be confusing and frustrating to those involved in agriculture, sanitation, education, vocational training and pastoral ministry.

Many Christians understand healing as simply doing away with physical problems such as overt disease, and they are therefore confused by incurable disease, natural degenerative processes with age, and death. It is, nevertheless, impossible to talk about healing without considering death. St Augustine said that man should know from the day he is born that he will die. All those whom Jesus cured, even Lazarus, had to die. But we know that the healing sphere of Christ does not end with what we call death. Therefore, the Church (Christian community) also has healing tasks when faced with incurable disease and death.

For example, when a mother dies, someone must take care of the children. When a husband and father is dying, there are family worries involving finance, property, etc. These

problems have to be handled too, when the total situation is considered. When a child dies, one healing act is perhaps to cry with the parents, but another is to go out and help improve nutrition, water supply, immunize against infectious diseases, before another child is brought to the hospital to die uselessly! This is quite obvious, but historically and at present, Christian medical workers have paid lip-service only to these ideas, and preventive measures, rehabilitation, health education and so on, have not found their rightful place in meeting the total health needs of the community. Attempts to decentralize curative services from inside hospital walls into visits to outstations and treatment in homes and villages have been considered a nuisance by many medical professionals, "keeping them from the real work". Technical and professional excellence with high quality care for a few individuals was often the main preoccupation, and was frequently part of an effort to compete with neighbouring church hospitals or government institutions.

Conclusions:

Christians thus meet a special challenge today. All the achievements of medical science are God-inspired and therefore are to be used in the service of others. But the Christian approach to human need cannot be an exclusive persistence in the scientific technical side of healing as commonly practised today. The total needs of man demand a total remedy. Scientific knowledge rather than contradicting the Christian faith illuminates it, but the reality of the cosmic universe, the basic unity of man and the profound healing relationship of God to man in the person of Jesus Christ cannot be explained or lived only by the scientific approach. This is the challenge to every Christian to proclaim the good news in explicit and convincing terms to the sick and to the health, to the 'broken' and the 'whole'.

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May 1974

SEDOS - HEALTH WORKING GROUP - MEETING OF JUNE 4, 74

USEFUL LITERATURE AND ADDRESSES:

The Report of the Limura Conference on "The Healing Ministry of the Church" February 197(
HEALTH IS WHOLENESS
Copies may be obtained from the Secretary of the Protestant Churches Medical Association- P.O. Box 30690, NAIROBI, KENYA.

The Report of the Tübingen Consultation - 1964.
The HEALING CHURCH - WORLD COUNCIL STUDIES No. 3.
World Council of Churches - Publications Department Geneva - 150 Rte de Ferney

An Evaluation of the Coonoor Conference, South India, on the Healing Ministry of the Chur
"that thy Saving Health may be known"
Concordia Theological Monthly - Occasional Paper No. 2. May 1968.
Concordia Publishing House 3558 S. Jefferson Aue. St Louis, Missouri, USA.

The Report of the MAKUMIRA CONSULTATION on the Healing Ministry of the Church
"Health and Healing" - February 1967.
Copies may be obtained from Medical Board of the Evangelical Lutheran Church of Tanzania. P.O. Box 275- Arusha, Tanzania.

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LIST OF PARTICIPANTS AT THE HEALTH WORKING GROUP MEETING ON 4. 6. 1974 at 16.00

Group 1

Chairman: Sr. Antoinette de SA, SCMM-M

Members:
Sr. Mc Nabb, FCP
Sr. Charlotte, SA
Sr. Benedicte Ramsing, SJC
Sr. Bernadette Coebergh, SCMM-T
Sr. Irene Acla, OHS
Sr. M. John Grogan, LCM
Sr. Marie Clement Edrich, SFP

Group 2

Chairman: Sr. M. Luke Baldwin, SSND

Members:
Sr. Branson, FCP
Sr. Veronica Fernandez, SJC
Sr. Françoise Schelleman, SCMM-T
Sr. Felicitas Tangalin, OHS
Sr. Isidore Bollich, SCMM-M
Sr. M. Carmela O'Reilly
Sr. Benedicta Scheidweiler, SFP

Group 3

Chairman: Sr. Arlene Gates, SA

Members:
Sr. Boudreux, FCP
Sr. Ida de Jesus Oliveira, SJC
Fr. Houdijk, CSSP
Sr. Margreet Biesterveld, SCMM-M
Sr. Regina Burrichter, RSM

Group 4

Chairman: Sr. Annemaria Ooschoot, SCMM-M

Members:
Sr. Piro, FCP
Sr. Sinneran, FCP
Sr. M. Consolata Kaiser, FDC
Sr. Marie Oshea, OLA
Sr. M. Rosaire Bryant, SPB

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SEDOS 74/422

"WHERE WE ARE AS CHURCH-RELATED HEALTH WORKERS" by Sr. Gilmary Simmons, mm

SEDOS HEALTH WORKING GROUP - MEETING ON 4 JUNE 1974

SUGGESTIONS FOR THE GROUP DISCUSSIONS

A. Until recently, the modern period has been marked by an increasing separation between the material, the province of so-called scientific medicine, and the spiritual, the province of the congregation, the priest, the pastor. The healing in the Apostolic Church became the caring of the Middle Ages, and in modern times, has become the emphasis on the dramatic, effective cures of modern medicine. The temptation to over emphasize physical healing is understandable because of the scientific, technological advances, which were 'disease oriented'. We must, however, exactly for this reason, stress the wholeness of healing.

B. Consider the NOW situation as the Congregations see it: What kind of health institutions do we have?
Do we care for a specific group e.g. maternity, leprosy, etc?
What sort of image do they have among the ordinary people?
What kind of personnel do we have --- professional competence?
How are these institutions financed?

C. Not only did religious organization introduce western medical science to Asia and Africa, but their signal contribution lay in their emphasis on the worth and dignity of the individual, and in so doing, they exemplified a quality of patient care which is without parallel. It is natural that a Government should develop a certain impersonality in its treatment of individuals, because it deals with the aggregate, while the Church must uphold respect for individual care through its faith in the unique love of God for each person. Having acknowledged this, we must recognize that this significant Christian contribution has often been the greatest point of tension for the church-related hospitals. The sheer weight of numbers over against depleted resources of personnel and finance will often lead to a decrease in individual care, so that the institution and its staff end up doing less and less for more and more.

D. As we all know, disease and illness are most often caused by poverty, inadequate housing, lack of water, pollution and poor nutrition. With a certain 'glamour' surrounding the hospital-oriented professional healer, there has been a tendency to overemphasize medical work in the total task of christian mission. When the term 'healing ministry' is not used to include the wider aspects of christian mission, it can be confusing and frustating to those involved in agriculture, sanitation, education, vocational training and pastoral ministry.

Many Christians understand healing as simply doing away with physical problems such as overt disease, and they are therefore confused by incurable disease, natural degenerative processes with age, and death. It is, nevertheless, impossible to talk about healing without considering death. St Augustine said that man should know from the day he is born that he will die. All those whom Jesus cured, even Lazarus, had

to die. But we know that the healing sphere of Christ does not end with what we call death. Therefore, the Church (Christian community) also has healing tasks when faced with incurable disease and death.

For example, when a mother dies, someone must take care of the children. When a husband and father is dying, there are family worries involving finance, property, etc. These problems have to be handled too, when the total situation is considered.

E. How are the works related in the local context e.g. with the witch doctors?
What are the needs of the people among whom we do health work?
As the people see them e.g. their felt needs
As we see them
Which of these needs does your Congregation set out to meet?
To what extent has it achieved its aims?

SEDOS 74/424

GROUP N° 1 - HEALTH MEETING - 4. 6. 1974

a) Current evaluation of our health institution showed efficient, well equipped, highly organized operations with professionally trained Religious and well trained laity. But it also showed serious gaps as far as the spiritual and personal aspects of healing were concerned.

b) This fact, coupled with the objective data of the local situations, seemed to call us to go all out to stress the aspect of faith and to include, among our health services, the follow-up of patients and their families, the pastoral training of our personnel, and to study and experiment our manner of caring for the whole person. There was an obvious need for more cooperation among professional workers in the education, social work and health fields. This should help us focus better on the relationship between patient and community.

c) The image we leave among ordinary people varies. But their judgement invariably concerns our authenticity. The group paused to highlight the model of Mother Theresa of Calcutta:

> She was a woman of God, loved people and manifested healing.
> Above all She is what She claims to be.
> Are we what we claim to be ?

d) The group touched on a delicate point: how are our health institutions financed ?

- The answer varies: Charitable donations, Government subsidies, Providence (cf. Mo. Theresa Cotolengo). Perhaps we could reach more if we depend more on providence, even at the cost of adjusting our western standards to the local situations.
  In this area, it discovered again the value of collaboration and of openness.

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GROUP N° 2

a) The group noted signs that we were moving toward "Healing ministry", as this was explained in Sr Simmons' paper. In a way, it was always implicitly there. Missionaries saw Christ in the sick . Officially however it was "on its own". Joint Pastoral action could be the way to its integration in the current thrust for the whole of man.

b) The Church, as Sacrament to the World, assumed a Healing Ministry. Its current "historical" manifestations seem to be the "communidades de base".

c) The image of our "works" often had a Western face - rich but limited. We could explore the depths of the Christian Commitment of individuals. Missionaries from developed countries, because they are seen as "rich", often find it difficult to share the suffering of the local people. But they suffer willingly the results of the "sin" of the West, and the "brokeness" of its industrialized world. We do not experience the "insecurity of the next meal" but we do feel the burden of past exploitation. In this sense we have to heal ourselves, too, by letting Christ penetrate us more fully. This is a necessary condition before those in contact with us can be fully healed.

d) As a health worker expressed it "I found the joy in helping persons become". This means that, beyond our institutions, we must look towards those who will "use" them - to serve and to be served - with an eye on the real, deeper needs and on the image which we leave on those prepared to carry on after us.

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GROUP N° 3

a) The group observed resistance to the will to integrate health into the total thrust for full human development and salvation. Still the gradual evolution from private to public health services, from congregation owned institutions caring for limited number to more collaboration with governement and other organizations and dominations, were a good omen. Examples were given of a lenten preparation, in Amazonia, which took the form of purifying the local wells.

b) The evolution from curative to preventive health care was now well under way. More attention was being given to health education, hygiene, agriculture, nutrition, and other essential dimensions of man's life.
An effort was also being made to train local personnel, in the above mentioned area The danger remained of our imposing our own sets of values, standards of efficiency this local personnel.

c) The group identified specific problems:

i) How can we really bring the Good News to those suffering from incurable deseases (This was easy in theory but in practice difficult.)

ii) How do we, as religious, find priorities in abandoned areas where essential services do not exist (ex. Amazonia).

d) The group also noted that we still found it difficult to integrate health care into the total pastoral effort, interesting experiments however were being carried out in self help clinics of Zambia and in the Ujaama villages in Tanzania where whole villages were involved.

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GROUP N° 4

a) The trends highlighted by the group:

i) A tendency to move away from institutions to person and community oriented health care. This involved less hospital work and more services to the local community and more outreach programmes.
ii) An increase in the awareness of the multiple needs of the patients, e.g. relationship of their physical, mental, social, spiritual demands.
iii) An increased awareness of the needs for hospitals to humanize patients care.
iv) An emphasis on training of sisters in pastoral care so that they can both give spiritual care to the patients and form faith communities among the staff.

b) The kind of health-institutions we still man is difficult to identify. We have "some of all"

c) Our image, among ordinary people, appeals more when they see us move out of our hospitals ;when institutions become large, the poor may become frightened because of the complexity they cannot " manage". They feel we move away from them. On direct contact with us, they may see the institution as a valuable back-up service for their clinics. They may see our service as a witness to respectful life. In some places they see religious as giving more "total concerned" care than lay persons give.

d) The needs of people we serve vary according to culture, country and situation. There is always the need to adapt services to the needs of the poor as they see them, not just as we see them. There is always the need for ongoing self-evaluation and this should include social analysis. There is an urgent need to develop a theology of healing. Above all there is the need for a community where each heals the other and reaches out to those we work wit both to heal them and to be healed by them.

CONCLUDING REMARKS

Sr F. Webster then shared with the group the relevant experiences of her recent mission to the diocese of Hyderabad, Pakistan. She identified common threads with the group reports:

a) Much is happening in terms of the rediscovery that institutions are only one component of life. One promising consequence is the widening of our horizons, as we expose ourselves to these people and react to their different and varied experiences.

b) Our job, at the Generalates, is to help such things to happen. We can integrate the experiences shared with us into a total picture which would not only push the health work from the physical to the spiritual but also fit it in into the one common thrust for comprehensive salvation.

SUGGESTIONS from the floor concluded the meeting:

1. Mobile teams to train local people in the integrated (development and pastoral approach to their problems.

2. Exposure to local people will help us identify their needs, their leaders. It happens best in small groups. It is their needs and their leaders that we must seek to serve and to train.

3. Gathering of information on what is already happening in this direction (e.g. the Filipino rural missionaries). Eventual sharing and analysis of such data.

4. The concept of the Christian healing ministry suggests that the intitution (hospital, etc. be one piece in a great endeavour. Joint pastoral planning could "activate" this quest.

5. Collaboration among ourselves and with others on the above lines could be the theme of the October 74 meeting.

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"(1 Cor. 12, 4-8) Now there are varieties of gifts, but the same Spirit; and there are varieties of service, but the same Lord; and there are varieties of working, but it is the same God who inspires them all in every one. To each is given the manifestation of the Spirit for the common good."