

# The Interface between Western Health Care and Traditional Healing

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1. We must start with people  
where they are and the  
community where it is.

1.1 We must study the people and their  
cultures.

~~CULTURE~~  
~~- SOCIETY~~

1.2 We must examine our worldviews

1.3 We must develop a metacultural grid

**2. People take what we bring and adapt it to fit their sociocultural patterns.**

**2.1 Doing it our way creates dependencies.**

**2.2 They must participate in adapting the program if it is to continue.**

**2.3 We must introduce appropriate technology.**

**3. Sustainable lasting change will occur only when the people own the process.**

**3.1 Our role is to model and empower the people.**

**3.2 We need to partner in every step of the process.**

**3.3 Our goal is sustainable programs that transform societies and people.**

- whole ministries**
- people centered**
- group oriented**

**4. We need to constantly study our ministries to learn and make corrections.**

**4.1 Studying our cases helps us learn and make corrections.**

**4.2 Studying many cases helps us develop broadtheoretical understandings of the nature of cross-cultural ministries.**

## GIVING BLOOD IN THE NEW WORLD ORDER

Fidel Quinteros raised his eyes, his face drawn and pale, and gave a grateful smile, though one shadowed with sorrow. Around us beds were crowded together, row by row, in this huge 19th century-style hospital ward. Patients groaned and shifted uncomfortably. Some were conscious, others not. A man nearby was coughing up sputum next to another who was breathing heavily on a respirator.

The scene from the San Salvador Public Hospital horrified me. Having worked in a hospital in the States before coming to El Salvador, I was conscious of the critical importance of infectious disease control. I knew these conditions would prove to be deadly for many of the patients.

I had arrived early that morning to donate blood for Fidel, a father, husband, and member of our weekly worship group in the squatters' community where Byron, my husband, and I work. Fidel faithfully attends the services...that is, when he's not in the hospital for blood transfusions. Eight months ago Fidel was diagnosed with a fatal bone marrow disease. His body can no longer produce the precious red blood cells vital to human survival. Treatment for the disease is not available in El Salvador, and Fidel certainly can't afford to pay for the treatment in the United States. He is a poor farmer refugee, living along the railroad tracks in a small mud house with his family. Since his illness, the family has not had a steady income. The three older boys have been forced to drop out of school to try to bring in some money to feed the family.

In the hospital waiting room I picked up the newspaper, El Diario de Hoy, a right-wing paper strongly aligned with the military and death squads during the last decade. "We are all responsible for paying back our national debt," read one article. "The borrowed money was used to benefit all." Never mind the corruption and embezzlement of those borrowed funds by authorities and rich businessmen which has occurred consistently in the past, I thought.

The article went on to say that each Salvadoran owed an equivalent of U.S. \$44 to the international financing community and that each Salvadoran should do his or her part to pay back the debt. For Fidel Quinteros and his family, paying U.S.\$44 means going without food for at least 2 months.

My number was called and I went into the dim room where a kind nurse helped me onto a hospital bed. As I lay there, I watched the dark red liquid pulsing through the plastic tube, slowly filling the bag with life-giving blood. How much time would it buy for Fidel? His doctor had

said that his body would accept the transfusions only for a short time. Still, they are a source of hope, strength and energy to Fidel as he struggles to maintain his hold on life.

After donating my blood, I walked under the clear blue sky from the hospital to the bus stop, thinking of Fidel and his family, of the gift we have in living in this vibrant, colorful environment God has provided for us. I passed the new Federal Reserve Bank building with its shiny 21st century style. Its shaded-glass windows sparkled in the sun. The broad entrance flanked by bright aluminum railings was dotted with men and women in expensive suits coming and going.

The contrast I felt between this building and the public hospital depressed me. This new building, built to facilitate the accumulation and transaction of money, boasts the most modern, air-conditioned facilities, while the public hospital which treats patients from the poor and middle class majority here in El Salvador looks like it came straight out of a Florence Nightengale movie. Is this the new world order being heralded from the offices of the rich and powerful? Somehow, I thought, our values have gotten all screwed up.

While debtor countries are encouraged to spend money on projects such as the Federal Reserve Bank offices, little attention is paid to the improvement of social services. Yet the general public, the majority of which is poor, is required to pay the price. Taxes are imposed on basic goods to help support payments of the national debt. The poor pay at the cost of their health, and that of their children. They are told they must help pay the debt because "we all received the benefits." Tell that to Fidel Quinteros. Tell that to the many families in our community who try to ignore their daily hunger pangs while the bankers sit in their offices and order-out lunch.

I have to admit that it makes me angry. How do the Fidels, and others who are like him, the humble, hardworking, hungry people fit into this "new world order?" How can we promote life and dignity in a world that prioritizes wealth and power? The challenges in this new era are great. As a global community of faith, with God's strength, we need to continue to call the world to other values, values which include "the least of these."

## 4. Use appropriate systems of organization:

- go to the people rather than bringing them a center.
- avoid mechanical institutionalization, and building big bureaucracies.
- facilitate organic 'flexocracies'.
  - be vulnerable in sharing yourself with your colleagues.
  - seek to involve all in the decision making process.
  - work for flexibility.

## **GROUP DISCUSSION:**

- 1. Choose a 'secretary to record your findings.**
- 2. Share what each of you learned from the reading.**
- 3. Try to formulate three or four principles for community development from your discussions.**
- 4. Note how these principles might affect your ministries.**



# **Principle Three: contextualize the structures, processes and technology.**

***1. Start with small scale,  
grass roots programs so  
that the community can  
learn how to diagnose and  
solve its own problems.***

- go to the people rather than building big Institutions.
- use clinics, 'barefoot doctors', clinics, and field based demonstrations.
- encourage the learners to teach what they learn to others before they learn more.

- transition leadership to community leaders as soon as possible. Allow them the greatest privilege you allow yourself- to make mistakes and learn from them.

## ***FROM DEVELOPMENT TO TRANSFORMATION***

### 1. The Problem:

**1.1 How do we bring evangelism and social concerns together in transformational ministries?**

**1.2 Why is this a problem?**

- not in the ministry of Christ
- not in the middle ages

### 2. Our Western Worldview:

**2.1 Modern dualism:** supernatural/natural, spirit/body, heavenly life, earthly life

**2.2 A systems of systems view of transformation**

- examine different human systems
- look at their interrelationships
- look for causes and symptoms
- transforming the whole by finding entry points

**2.3 Transforming worldviews**

- levels of culture: surface culture [behavior patterns, symbols, material culture], rituals and myths, belief systems, worldviews
- worldview: the fundamental cognitive, affective and evaluative assumptions a group of people make about the nature of things, and which they use to order their lives: their maps OF REALITY which they use FOR LIVING

**2.4 The process of critical transformation**

- phenomenological analysis
- ontological analysis
- transformational evaluations
- missiological strategies

# The Interface Between Western Health Care and Traditional Healing

Paul Hiebert and Monte Cox

## *Introduction:*

Topic so broad, like the final essay question on the history exam.

## **I. *Some Principles for Intercultural Medical Ministries.*** [Paul Hiebert]

1. We must start with people where they are and the community as it is, not where we think they should be. [Benjamin Paul 476]

John Pobee observes, “all the historical churches by and large implemented the doctrine of the *tabula rasa*, i.e., the missionary doctrine that there is nothing in the non-Christian culture on which the Christian missionary can build and, therefore, every aspect of the traditional non-Christian culture had to be destroyed before Christianity could be built up (1982, 168).”

### **1.1 We must study the people and their cultures in order to understand them.**

Concepts of society and culture:

#### SOCIETY

- definition of society
- dimensions of society

#### CULTURE

- definition of culture: the more or less integrated systems of ideas feelings and values expressed through symbols and shared by a group of people
- dimensions of culture:
  - = cognitive: misunderstandings: ill. Radio = prayer
  - = ethnocentrism: food with fingers
  - = premature judgments.
- levels of culture: symbols, beliefs, worldviews

CULTURE<--->SOCIETY. Must study and transform both

### **1.2 We must examine the worldviews we bring with us.**

- we come as monocultural people, and take for granted what we believe as self-evident and obviously true

2.3 We should encourage appropriate technology.

3. Sustainable lasting change will occur only when the people own the process.

3.1 Our major role is to model and to empower them to learn.

3.2 We need to partner in every step of the process of medical ministries.

3.3 The Goals is sustainable programs that lead to transformed societies and people.

4. We need to constantly study our ministries to learn and make corrections.

4.1 Studying our cases helps us to learn and make corrections.

4.2 Studying many cases helps us develop broad theoretical understandings of the nature of cross-cultural ministries.

***II. Case Studies in Intercultural Medical Ministries.*** [Monte Cox]

# **MEDICAL EXPLANATORY MODELS**

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- **etiology**
- **time and mode of onset of symptoms**
- **pathophysiology**
- **course of sickness**
- **treatment**

## OLD PARADIGM

## NEW PARADIGM

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Focus

- individual

- community

Ownership

- mission

- people

Goal

- task

- community  
building

Control

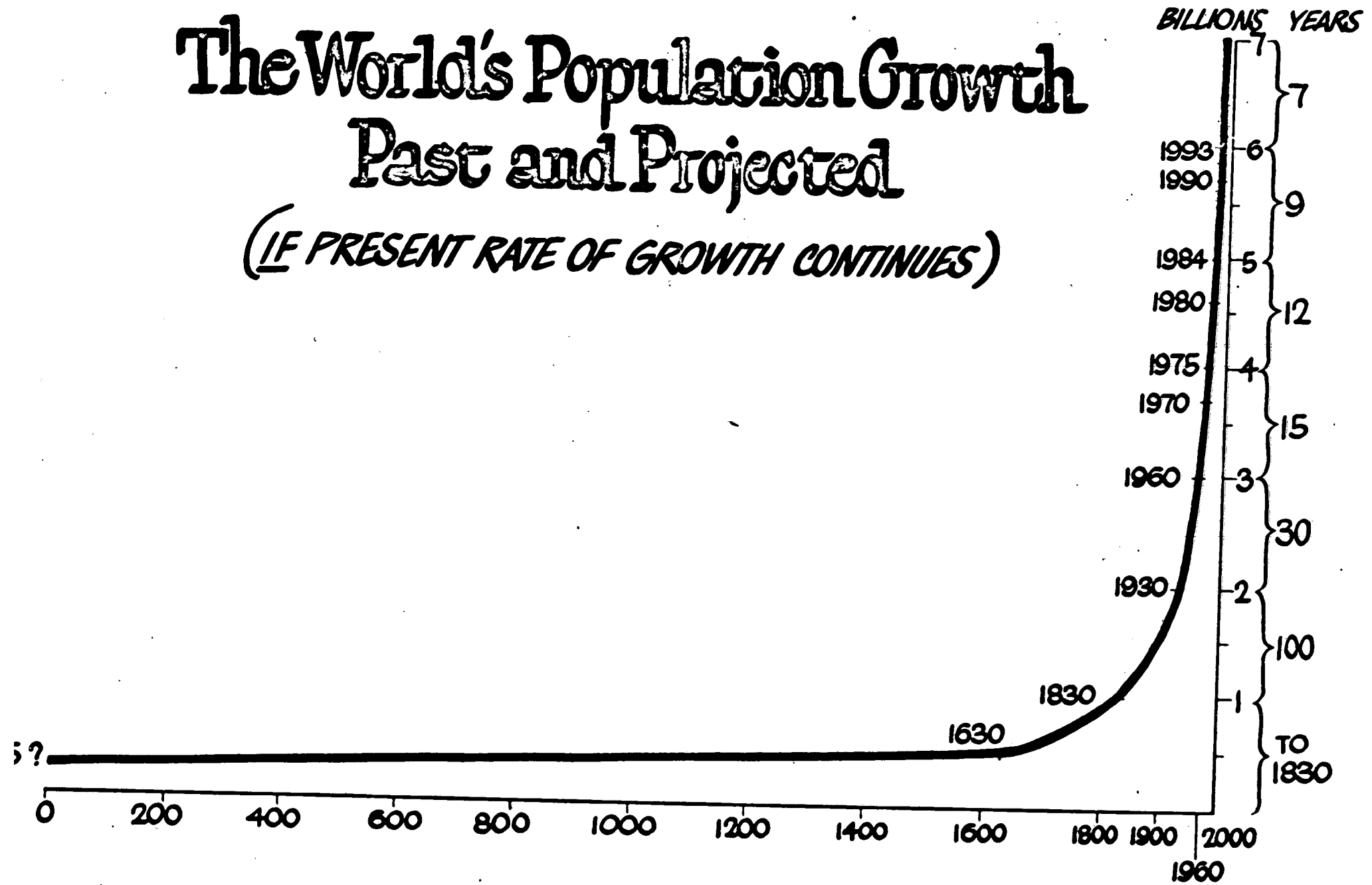
Accountability

Direction



# The World's Population Growth Past and Projected

*(IF PRESENT RATE OF GROWTH CONTINUES)*



## Development Set

Excuse me, friends, I must catch a jet.  
I'm off to join the Development Set.  
My bags are packed, and I've had all my shots  
I have traveler's checks and pills for the trots.

The Development Set is bright and noble,  
Our thoughts are deep and our vision global,  
Although we move with the better classes,  
Our thoughts are always with the masses.

In Sheraton Hotels in scattered nations  
We damn multinational corporations.,  
Injustice seems easy to protest  
In such seething hotbeds of social unrest.

We discuss malnutrition over steaks  
An plan hunger talks during coffee breaks.  
Whether Asian floods or African drought  
We face each issue with an open mount.

We bring in consultants whose circumlocution  
Raises difficulties for every solution  
Thus guaranteeing continued good eating  
By showing the need for another meeting.

Consultants, it's said, believe it no crime  
To borrow your watch to tell you the time.  
The expenses, however, are justified  
When one thinks of the jobs they might later provide.

The language of the Development Set  
Stretches the English alphabet.  
We use swell words like "epigenetic,"  
"Micro," "macro," and "logarithmic."

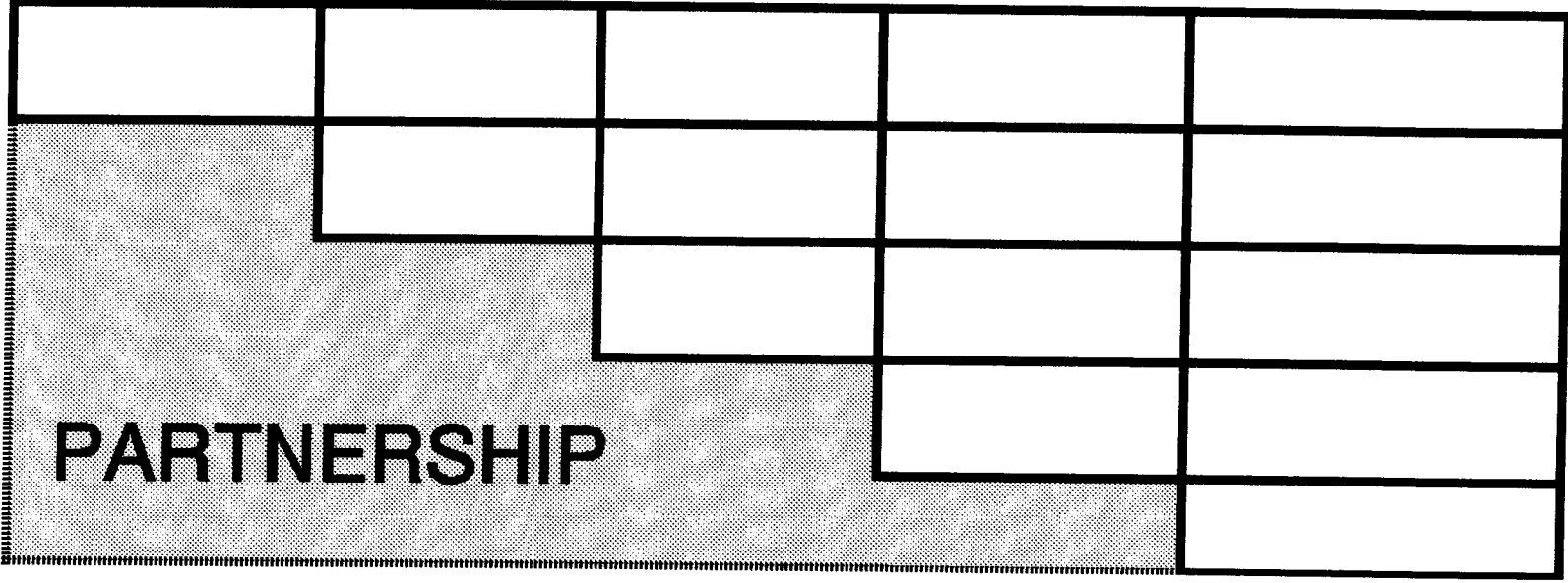


# Cultural Views of the People We Serve

*I. Different societies define and deal with diseases and health differently, and we need to be aware of these differences.*

*II. Health and disease are part of larger sociocultural systems, and lasting transformations must take these systems into account.*

*III. Sustainable transforming health systems requires a process of participatory/learning in which the outside medical team works with the local community to assess, carry out and evaluate programs of medical transformation.*



**DEFINE  
PROBLEM**

**CHOOSE  
SOLUTION**

**GATHER  
RESOURCES**

**DO THE  
JOB**

**EVALUATE  
THE OUTCOME**

# STEPS IN COMPLETING A MISSION

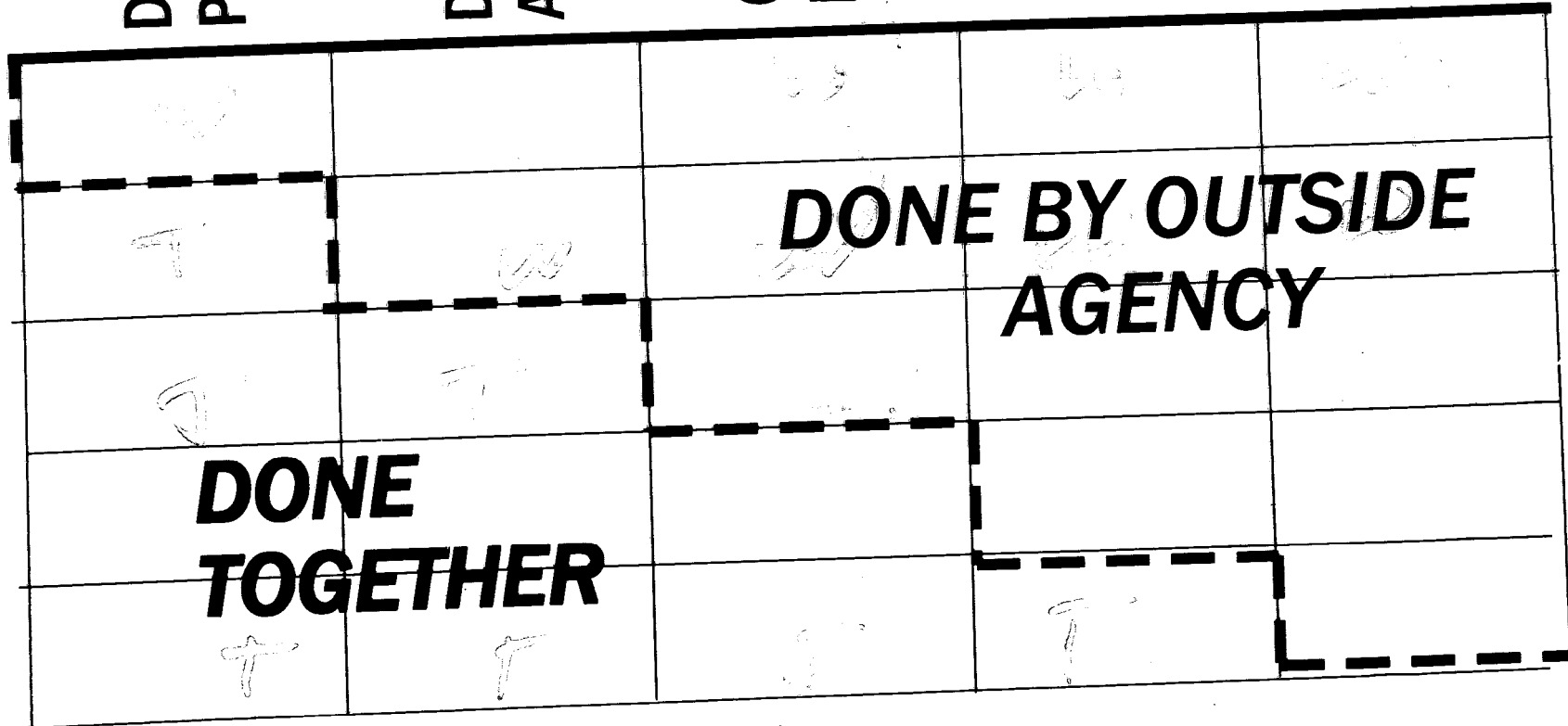
DEFINE THE  
PROBLEM

DECIDE ON  
A SOLUTION

GATHER THE  
RESOURCES

DO THE JOB

EVALUATE  
THE RESULTS



## **OLD PARADIGM**

## **NEW PARADIGM**

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Focus	- individual	- community
Ownership	- mission	- people
Goal	- task	- community building
Control		
Accountability		
Direction		