

## A Short History of the WHC Project<sup>1</sup>

The notion of WHC is not new to the Christian Health Association of Nigeria (CHAN). It first appeared on CHAN's agenda in 1980. I want to trace this brief history and, while doing so, open up for you the nature of the problems this new programme is meant to address. What follows is an edited version of the same story printed in WHC's publication, *Wholistic Health Care of, for and by the People*.

From 1966-1975, I served as pastor and evangelist under the auspices of the Christian Reformed Church of Nigeria in southern Gongola State, now called Taraba State. One of the things that perplexed me was the fact that when any of my parishioners fell sick, he would frequently go to the Christian hospital of my church. After he had been treated and dismissed, one of the first things to be done would be to pay a visit to a functionary of the local Traditional Religion. Why, I wondered, was this so common?

I decided to investigate the matter. I visited the hospital frequently and engaged both Nigerian and expatriate staff in discussions. I observed what went on in the wards. I arrived at the conclusion that the treatment patients received was too one-sided. The physical aspect of sickness was stressed to the almost total exclusion of other dimensions of health and sickness.

I realize, of course, that most people, including Christians, have many questions in their hearts when they become sick. They wonder *why* they become sick, *who* is the cause of it and *how* it was accomplished. Has an ancestor been offended in some way. If so, what must be done to effect reconciliation to ensure wellbeing? Might someone be practicing witchcraft? For what reason? How can it be overcome? These were questions very important to the patient but virtually ignored by the hospital staff.

Western missionaries on the staff were hardly aware of these questions. Their medical training was almost exclusively concentrated on the body in Cartesian style. They were taught a wealth of technical details and procedures to restore any malfunctioning part of that physical machine called the human body. That they were often more efficient than traditional medicine men is without a doubt. Furthermore, their work was done in love, concern and bathed in prayer.

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<sup>1</sup> *Towards Wholeness: A CHAN Wholistic Health Care Newsletter*, June, 1991.

The Nigerian staff had been taught the same basic approach to healing and thus to ignore the fears and questions of the patients. That does not mean that the Nigerian staff had forgotten these concerns. In fact, most of them, when they became sick, would have the same questions and fears and they might ever secretly resort to a traditional practitioner. However, in their official practice, they would pretend these concerns were of no consequence in the work of healing. It seemed primitive or pagan or uneducated to take these issues seriously in a modern Christian hospital.

So it happened that the patient would be dismissed from the hospital with none of his fears and questions addressed, except that an ill-trained chaplain might attempt to do so. The work of such a chaplain, however, would usually be carried out in total isolation from that of the medical team of doctors and nurses. The spiritual needs of the patient were not considered relevant for the medical people; they were the province of the pastor.

Of course, the patients had little choice but to revert to practitioners of the Traditional Medicine. The Christians at the hospital did not have an answer to the deepest problems as identified by the patients themselves. The patients would be grateful that the white man's medicine was able to overcome the physical symptoms of his sickness, but the real basic problem was not addressed by the staff trained in "modern medicine," but to which we refer to in this paper as "biomedicine" or some variation of it. Reserving the term "modern" for it places all other approaches at a psychological disadvantage. The basic cause had to be overcome elsewhere. The Christians and their religion obviously had no resources to overcome the powers of witchcraft and others. These resources were to be found in the Traditional Religion and Medicine.

As I began discussing these issues with missionary medicals, their response was in most cases two-fold. (1) They complained that their training did not include these concerns. (2) Treating sickness at the level of such problems and questions would take more time than hospital staff can afford to devote to such issues in view of the large number of people that come to the hospital daily. The medical people found themselves trapped in a vicious cycle that demanded efficiency and speed. A further pressure point was that of economic realities. A combination of salaries and high prices of drugs and equipment demanded a considerable income for the hospital to stay afloat, even though missionary salaries came from elsewhere. That income could only be raised by processing as many patients as possible.

I am the last to minimize the pressures on our Christian hospitals and their staff. Neither do I wish to be found guilty of disparaging the tremendous contributions biomedicine has made to the general level of health. Biomedicine and its surgical procedures are among the outstanding gifts of God to our human race.<sup>[2]</sup><sup>2</sup> The story of the development of modern science is not complete without emphasizing the role the Christian faith has played. Healing by medical means is no less healing from God than healing by laying on of hands and/or by prayer. However, our deep appreciation to God for biomedicine should not prevent us from realizing its profound shortcomings in its almost exclusive emphasis on the physical and its virtually total unconcern with the fears and questions of most patients.

Without any hint at lack of appreciation for these positive contributions from biomedicine, it was the problems of its one-dimensional approach to healing that became the reason for the establishment of the WHC Project. The issues were first brought to the attention of CHAN at one of its semi-annual conferences in 1980 in Ibadan. At that conference a small group of people were asked to produce a definition and short description of WHC. The document they created can be found in the official report of that conference, while it is also partially reproduced in the booklet *Wholistic Health Care of, for and by the People. The document provides a definition of WHC*, suggests a vision and explains the obstacles to its development. Though it was a useful beginning, the definition has since been found too narrow.

The issues under discussion are important because much of our medical care is partially ineffective. Since we largely deal only with the physical dimension of sickness and tend to ignore the underlying causes for many physical illnesses, the health process is less efficient than one might expect from an allegedly scientific approach. A patient is given some medicine for his ulcer. The medicine may provide temporary relief, but it will hardly take care of the basic problem, since ulcers frequently have a non-physical cause. The patient may return to the same hospital once or twice. He will then conclude that his problem cannot be dealt with by modern medicine and he will begin to wander off to native medicine men or to some “healing church.” What choice does the patient have? We waste his time, his body, his strength, his patience and, not unimportant, his money. Ignoring the basic cause prolongs suffering and increases

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<sup>2</sup><sup>[2]</sup> A comment not found in the original is this: We can regard biomedicine as part fulfillment of Jesus’ promise that His followers will do even more than He did—John 14:12. See my translation of A. Kuyper’s *You Can Do Greater Things than Christ* found above on this page.

economic hardship. With our increasing poverty, we cannot afford to either practice or submit to medical care that is partially ineffective and out of reach for many people.

So, on the one hand, we have a medical system that can often perform scientific miracles, that is often most efficient and impressive. On the other hand, because of its tendency to reduce the issues to the physical, that same system fails both to satisfy the deepest fears of the patients and to treat the non-physical causes of many physical diseases. These two failures curtail the efficiency of the approach not only, but also render its claim to be scientific questionable: How can an approach that ignores basic causes and other dimensions of life claim to be scientific? It certainly is not geared to giving peace to the troubled soul.

Since that first discussion at the CHAN conference, further steps were taken in our struggle towards WHC. The Institute of Church & Society Northern Area Office (ICS), organized two workshops on WHC in Jos. In 1981, a seminar was held to further explore what WHC might involve and a stenciled report was published under the title, "In Search of Wholistic Health Care." The establishment of the Taskforce for WHC under the ICS led to a workshop on the related issue of hospital chaplaincy and publishing a stenciled report entitled, "WHC and Hospital Chaplaincy."

Acceptance by CHAN of the concerns of the Taskforce came only after a long struggle. That is no exaggeration. There were many prejudices against the notion of WHC and many points of misunderstanding that needed to be erased from the minds of CHAN members. Some were afraid the Taskforce disparaged biomedical technology out of charismatic sentiments. Others feared that the intention was uncritically to introduce "native medicine" lock, stock and barrel. There were those who thought that WHC sought to replace the one-dimensional approach of modern medicine with a dualistic one that included both the physical and the spiritual. For that reason, they were confused when they did not hear representatives of the Taskforce pushing for chaplaincy and chaplaincy training.

At first, the Taskforce resisted attempts to include chaplaincy concerns. The reason for this resistance was that the Taskforce identified the main problem to lie elsewhere and that shifting to an emphasis on chaplaincy would amount to diversionary tactics. The Taskforce identified the main problem to be the basic approach of biomedicine as practiced in most modern hospitals, including most CHAN hospitals. The basic problem

was the one-dimensional approach, the exclusive emphasis on the physical that ignored all the non-physical elements that often play a major role in both sickness and health. It was only after the Taskforce agreed to include chaplaincy concerns in its programme that CHAN eventually adopted the Taskforce as its own. The workshop on chaplaincy was thus an overture on the part of the Taskforce to meet the concerns of CHAN. Since then, the Taskforce has run two one-month in-service training sessions for people interested in counseling hospital patients.

Thus, under pressure of CHAN, chaplaincy issues have been integrated in the programme of the Taskforce. The Taskforce came to recognize that, though the main problems may reside elsewhere, the chaplaincy is also a valid concern that is legitimately address under the umbrella of WHC. This issue having been settled, CHAN decided to upgrade the Taskforce to the status of Project, which action meant that it was raised to a department of CHAN equal to the other departments. From this time on, the Taskforce was renamed “WHC Project” (WHCP) of CHAN.

The most important development taken since its promotion to the status of a CHAN Project was the appointment of a fulltime Co-ordinator by the name of Dr. Silas Bot, a medical doctor who has served in the army and in the civil service as well as in a church hospital. I (John Boer), the original part time Co-ordinator, have been appointed Chairman of the Project. With Bot’s appointment, a new chapter has been begun that is to be written largely by him, together with the Board that guides him.