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Global Health Care

Health Care is a Theological and Moral Issue

By Robin LaBolt, Eden Theological Seminary

"He has told you, O mortal, what is good; and what does the Lord require of you but to do justice, and to love kindness, and to walk humbly with your God?" – Micah 6:8

Our world is in the throes of a major health care crisis. The purpose of this issue of the Global Ministries Council of Theological Students Newsletter is to shed light and offer information on some of the major health care issues facing the global community today. In so many countries and their local communities, people are suffering from and dying of HIV/AIDS, malnutrition, malaria, pneumonia, and complications related to pregnancy, and preventable, treatable, childhood diseases. The good news is there are resources readily available to combat and eradicate these problems! This newsletter will offer suggestions about ways in which all of us as the body of Christ can help.

There is not enough space in these pages to cover all the areas of need and concern with regard to health care issues across the globe, but it is our hope that you will be informed and stirred enough to seek out more information. In the meantime, pray unceasingly and please consider taking some of the suggested actions in order to bring about the changes necessary to aid our sisters and brothers all over God's world who are hurting and in crisis.

Health Care in the Developing World

By Aaron Wade, Howard University School of Divinity

Doctors working in Iraq admit that more than half of the civilians killed could have been saved if better medical equipment and more experienced staff were available.

Official figures from Iraqi authorities and UN agencies suggest that more than 14,338 Iraqi civilians were killed between January and June 2006. And reports indicate that the killing of civilians is rising, with more than 5,800 deaths and over 57,000 people injured during May and June 2006.

But emergency medicine in Iraq has never developed to meet such unprecedented demand, they say. As a result, emergency departments are staffed by doctors who do not have the proper experience or skills to manage emergency cases, and this lack of expertise is aggravated by the lack of medical equipment, supplies and drugs.

Doctors also face challenges beyond poor resources and lack of emergency staff, they add. Perceived as members of the elite, they have become the target of daily insurgent activities. Many have been killed, others have fled the country, and those who decided to stay have closed their clinics, fearing for their lives. (Continued on p. 2)

The purpose of the Global Ministries Council of Theological Students (CTS) is to equip diverse groups of ministerial students with the knowledge and skills necessary to be effective ministers in a global community by providing opportunities to:

*Reflect theologically on global mission

*Engage in an ecumenical model of partnership between the Christian Church (Disciples of Christ) (DOC) and the United Church of Christ (UCC)

S *Serve as a link between the Common Global Ministries Board and participating seminaries

*Learn about and advocate for global social justice concerns

*Network with other ministerial students and regional Ministries and Mission Interpreters (MMIs) and learn how to engage in mission interpretation on issues that impact the global church

*Engage in praxis-oriented education

(Developing Health, continued from p. 1)

In Diwanayah College of Medicine, some are trying to establish a specialist unit in emergency medicine to train medical students and doctors. But they desperately need international support.¹

Across the world, the lack of medical equipment, supplies and proper facilities are overwhelmingly increasing the death count in many developing countries. The story of Iraq is a perfect example of the plight of many underdeveloped nations. The big question is how we bring about healing and resources for nations that are experiencing these disparities.



Sherrita M. Dorsey, a student at PVAMU College of Nursing, journeyed to South Africa to participate in the Minority International Research Training Program (MIRT) through the University of Illinois at Chicago.

This ten-week cultural experience in South Africa set out to expose minority nursing scholars to international research experiences aimed at developing research capacity in the field of nursing science and to increase collaboration in resolving global health issues.

Ms. Dorsey gained an eye-witness view of the disparities between the social, economic and medical infrastructures of rural and urban areas, from Pretoria to the Northwest Province. Unlike rural areas, urban areas are endowed with modern amenities such as grocery stores, various fast-food chains, and schools with modern playgrounds, swimming pools and other well-maintained social infrastructures. Urban clinics and other medical facilities are well-equipped unlike the rural areas, where clinics, schools and social amenities are either non-existent or under-resourced.

In the public clinic, which offers free medical services to residents of the community, caring for patients is limited by lack of modern medical equipment, medication, computers and data management software, which would aid in following up with patient evaluations and outcomes. It was reported that it was not uncommon for patients to be diagnosed and not given medication due to absence of drugs or no substitute for drugs listed in the South African Essential Drug Program (EDR) Manual, which outlines the standard treatment for guidelines and essential drug listings for primary health care nurses.²

The lack of medical supplies, equipment and facilities are global issues that plague a number of distressed countries: Iraq, Guatemala and tsunami affected areas in Indonesia, to name a few. Exploring the challenges faced in one area allows us to see the diverse effects this issue is having on entire countries; leading to the ultimate demise for families, villages and even nations. (Continued on p. 5)

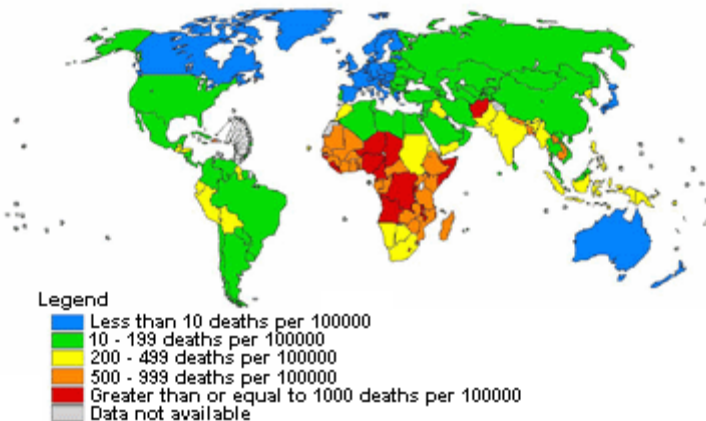
There is a Global Health Care Crisis for Women and Children

By Robin LaBolt, Eden Theological Seminary

According to statistics offered by the World Health Organization (WHO), 529,000 women die every year from complications related to pregnancy and childbirth. That is about one woman per minute. In addition, for every one woman who dies, there are another 20 who suffer trauma, injury, infection and disease. When one does the simple math, this adds up to 10 million women each and every year. Women in Two Thirds countries have an overall 1 in 10 chance of dying from pregnancy and childbirth during their lifetimes. Contrast this to the statistics in developed nations where it decreases to 1 in 2,800.³

The main causes of maternal pregnancy complications and death are: hemorrhage (uncontrolled bleeding), infection, unsafe abortions, eclampsia (dangerously high maternal blood pressure), and complications during labor. Most incidences of death and injury are easily preventable. (Continued on p. 3)

Maternal mortality ratio per 100 000 live births



illnesses are: low-cost antibiotics in the case of pneumonia, preventive measures for malaria such as mosquito netting treated with insecticides, and inexpensive rehydration salts in the case of diarrhea.⁵ By using these measures, it is estimated that over two thirds of early childhood deaths would be prevented. The major problem is lack of adequate and safe medical care. To further compound and complicate the problem, there is insufficient government or social structures to support and provide the services that are so necessary. (Continued on p. 5)

(*Women and Children*, continued from p. 2)

⁴And what of the children? Again, according to the World Health Organization, globally, there are more than 1,000 childhood deaths per hour. The risk of death for the children born to these high risk mothers is highest within one month of birth. There are some who will make it to their second birthday, but a vast majority will die before their fifth birthdays. The following statistics are sobering. The primary cause of death for children under five is pneumonia. In Africa, one child dies every 30 seconds from malaria. Surprisingly, diarrhea is the leading cause of sickness and death in developing countries. And sadly, 20 million children worldwide are suffering from malnutrition. Transmission from mother to child is responsible for 90% of the reported cases of HIV in children. In addition, children born to mothers without access to adequate prenatal care suffer from delayed social development. Some of the ways to address these

Water and Life: Water Access and Sanitation

By Stephanie Haskins, Andover Newton Theological School

Perhaps the tipping point has already occurred. In recent years, consciousness about the environment's impact on human health is at a high. A mere generation ago virtually no one worried about prolonged exposure to the sun: my mother recalls the summertime ritual of slathering baby oil on her skin in an effort to attain that elusive prize of a perfect tan. With her children she was more careful—we did not dare go outside without the distinctive white SPF 45 sunblock covering our ears, face, and limbs. These days Al Gore is better known as an environmental prophet than a presidential candidate, and more people worry about cell phone radiation and cancer, even as cell phones are more ubiquitous.



"Two Worlds" by D. Joy Honen

The fragile relationship between the environment and human health has deeper roots than cell phones: the elements we need to survive such as water, sun, and food are being threatened. For Christians and people of other religious faiths, water is a common metaphor for cleansing, purity, and sustenance. Third graders know that our bodies are mostly water, and even the act of baptism pays tribute to this fact: when water touches an infant or adult's brow the blessing is not so much in the water's strangeness but in its ordinariness. It is at least as true to say that from water we have come and to water we shall return.

The significance of water for human life and its flourishing is unparalleled. Yet its importance, taken for granted by most in the First World, is being highlighted by environmentalists and human rights organizations, by journalists and the Church. Global Ministries estimates that over one billion people lack sustained access to fresh water.⁶ This is a staggering number, difficult to comprehend. Yet the patterns underneath this number have certain discernible forms and shapes. Like most poverty issues, access to clean water is a common "problem" of the Two-Thirds World caused by a complicated set of economic, political and environmental dynamics, and fueled by the habits and lifestyles of the First World. (Continued on p. 4)

(Water and Life, continued from p. 3)

Climate change is a piece of this puzzle, a change brought on by the excessive emissions of greenhouse gases for which the First World is primarily responsible. According to the World Health Organization (WHO), climate change produces more variable precipitation patterns, which in turn compromises the quality of fresh water, making the water more likely to harbor water-borne diseases.⁷ The United Nations has responded to this issue by declaring the decade between 2005 and 2015 the decade of "Water for Life," a campaign to pressure nations to fulfill their Millennial Development commitments (adopted at the Millennial Summit in 2000) related to water access and basic sanitation.⁸

Improving water access and supply are fundamental to good health, mostly by preventing water-borne diseases. Clean and available water is most difficult for those in the Two-Thirds world, whose access is severely limited. The WHO estimates that in 2003 1.6 million deaths were attributed to lack of access to safe water and basic sanitation, including lack of hygiene, with children under five representing 90% of the dead.⁹ Tragically, such deaths are ones that are easily prevented if the water was safe: diarrhea, intestinal worms, cholera and typhoid.¹⁰ Illnesses that children in the First World learn about when studying history are still devastating and deadly to children across the world.

Not surprisingly, women and children are among the most affected by lack of access to safe water. In most of the Two Thirds World, women are responsible for retrieving water from whatever source is available and carrying it home. A report by the United Nations' Development Program claims that each year women and female children spend more than 10 million 'person years' in the process of obtaining water to use at home.¹¹ The effects of this are incalculable in terms of time wasted for women; and for children, who could be in school instead of waiting in line for water. Despite huge efforts, the water that is gotten at such high human cost is often not safe for consumption.

Improving access to water and basic sanitation also improves the economic health of Two Thirds countries. Better access to clean water in poor countries is causally linked to a higher annual rate of economic growth (GDP).¹² For outsiders, investing in improving basic sanitation and clean water access is worth the cost: the biggest economic benefit is saved time.¹³ Women especially would be able to earn more money if they spent less time in pursuit of clean water. On a bigger scale, for every U.S. dollar invested in improving access to water supply and sanitation, the return is 3 to 34 dollars, depending on the region and type of intervention.¹⁴ In sum, clean and consistently available water is critical to the economic development of the Two Thirds World.

For those in the First World for whom water is usually clean, cheap and easily accessible, understanding the importance of water, especially in places seemingly worlds away, can be daunting. Yet it is true: water is a building block of life: for human bodies, for villages and communities, for economies and nations. When the world shares in the blessings of clean, fresh, and purifying water, we move closer to the true source of blessings than before.

What is Global Ministries doing?

The Common Global Ministries Board has recognized the centrality of this issue for poverty reduction and faithful witness to Christ. It has started an awareness campaign called "Water for All!" The Global Ministries website (<http://www.globalministries.org>) has a number of resources, including educational materials for adults and children, worship ideas and links to other sites and more information.

How can you help?

In your home:

*Change your household's water consumption habits. There are a host of resources to help you with this. A good place to start is this website: <http://www.wateruseitwisely.com/100ways/index.shtml>. Click on the region you live in to learn about ways you can conserve water in your household.

At your church:

*Plan a water-themed worship service, highlighting the importance of water in scripture and the need for safe and accessible water in the Two-Thirds world.

*Ask for resources from the Common Global Ministries Board to bring water issues to the attention of your community by educating your congregation about one of the Global Ministries Critical Water Projects.



(Women and Health Care, continued from page 3)

Good gynecological and prenatal care is imperative. Women need access to quality family planning services, emergency obstetrical care and timely follow up care after childbirth. Women are also in need of nutrition counseling, as well as immediate pediatric care for their newborns. Women must be given the information and support necessary to ensure their health, as well as the health of their children at birth and beyond. In order for this to happen, there should be good doctors, nurses, and well-trained midwives. It requires a system of healthcare with skilled and experienced personnel. It cannot be emphasized enough that preventive care is key and should be the goal.

Is anything being done to address this health care crisis and ensure the health of these mothers and their children? The answer is yes. One key way these issues are being addressed is through the efforts of The Millennium Development Goals (MGD). In the year 2000, 188 countries joined together as part of a declaration of commitment within the United Nations to reduce poverty and disease all over the world by 2015. There are eight goals, three of which are Reducing Child Mortality, Improving Maternal Health, and Combating HIV/AIDS, malaria and other infectious diseases.¹⁵ Our Global Ministries is doing its part as well. Global Ministries believes the church has an important role in helping to fulfill these goals. To that end, in 2005 Global Ministries began to study the Millennium Development Goals and in April 2007, passed a resolution and issued a statement called, *One in Body and Spirit*. This statement is Global Ministries' formal endorsement of the Millennium Development Goals.¹⁶

What then is our role as Christians and church members? What can we do? First and foremost, pray. Pray for the women and children whose lives are at risk and pray to discern how you can best help. Second, write letters to your government representatives and let them know that these issues are important to you. Ask them to make health care a priority not only in the United States, but worldwide. Third, give generously to support Global Ministries through its Special Giving Opportunities. By sharing your financial resources, you enable Global Ministries to do its work and aid those in need by helping to keep clinics open and to support ministries that address health care concerns. When we all work together, we can change the lives of women and children who are often the most vulnerable among us.

“It’s not about charity, it’s about justice.” – Bono

(Developing Health, continued from page 2)

Guatemala

Many years of drought have hindered agricultural production in the Chicimula region of Guatemala, reducing the amount of food families have been able to produce for their own consumption as well as the surplus they need to sell in order to purchase other goods and services such as clothing and medical care. Sick villagers travel miles, often on foot, seeking medical care in small clinics in the towns of Jocotan and Camotan, Chicimula. They are diagnosed for free but are unable to pay for treatments and medications so they are sent home empty-handed having made the trip for nothing. For this reason many die in their villages having learned that it is not worth the effort to seek help.

For those with life-threatening illnesses there is a public hospital in Chicimula that provides care free of charge, but the care is grossly inadequate. Children frequently die in the hospital's care of diarrhea and dehydration, pneumonia and other curable illnesses because of a lack of equipment and medication. There are no nebulizers, too few oxygen units, and insufficient supplies of antibiotics. During a recent visit to admit two severely ill children, OWH leaders learned that two children had died the day before and one had died that morning of common curable illnesses. And many others were facing imminent death.

Mothers and babies are frequently lost in pregnancy and childbirth because of the lack of lab and ultrasound equipment for the early detection of complications. Lack of funding leads to understaffing, inadequate supplies of life-saving medications, antiquated equipment, sanitation and sterilization issues, over-crowding, and general disrepair. Mortality rates among adults and children of this population could be greatly reduced by making basic medical care available and affordable.¹⁷ (Continued on p. 6)

(*Developing Health*, continued from p. 5)

How to Make a Difference?

The biggest question is how healing and wholeness can be brought to these disparities around the world. One program that offers suggestions to how individuals, churches and communities can make a difference:

Doc to Dock:

Doc to Dock was founded to connect the tremendous surplus of medical equipment and supplies in one part of the world to the great need in the other by engaging physicians, nurses and volunteers in a collaborative effort to collect, sort, ship and distribute unused medical supplies to hospitals and patients that need them most. Doc to Dock is dedicated to improving the health and lives of people in Africa by providing health care workers with the tools they need.

Doc to Dock strives to reverse this cycle of waste by collecting the unused medical supplies from New York hospitals and shipping them to hospitals and clinics in need in Africa. Visit the Doc to Dock website to learn how you can help.

<http://www.doctodock.com>.¹⁸

Global Ministries Council of Theological Students 2007-8

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¹ Science Daily, Oct. 20, 2006: adapted from material provided by BMJ—British Medical Journal

² Sherrita M. Dorsey, RN, BSN, FNAS, Prairie View A & M University, Houston, Texas. Copyright Riley Publications, Inc. Center for the Study of Multiculturalism and Health, Winter 2002.

³ World Health Organization, “Why Do So Many Women Die in Pregnancy and Childbirth?”

<http://www.who.int/features/qa/12/en/index.html>, Retrieved on 29 February 2008.

⁴ World Health Organization, “What Are the Key Health Dangers for Children?” <http://www.who.int/features/qa/13/en/index.html>, October 10, 2007. Retrieved on 29 February 2008.

⁵ Chart from World Health Organization, <http://www.who.int/research/en/>, Retrieved on 29 February 2008.

⁶ http://www.globalministries.org/index.php?option=com_content&task=view&id=614&Itemid=464, Retrieved on 16 March 2008.

⁷ <http://www.who.int/globalchange/news/fsclimandhealth/en/index.html>, Retrieved on 16 March 2008.

⁸ <http://www.un.org/waterforlifedecade/faqs.html#2>, Retrieved on 16 March 2008.

⁹ http://www.who.int/water_sanitation_health/wsh0404summary/en/index.html, Retrieved on 16 March 2008.

¹⁰ http://www.churchworldservice.org/pdf_files/EA/womenwater.pdf, Retrieved on 16 March 2008.

¹¹ As cited in http://www.churchworldservice.org/pdf_files/EA/womenwater.pdf, Retrieved on 16 March 2008.

¹² http://www.who.int/water_sanitation_health/watandmacr5.pdf, Retrieved on 16 March 2008.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ <http://www.un.org/millenniumgoals/>.

¹⁶ From, *Telling the Story, A Handbook for Ministry and Mission Interpreters in Disciples Regions and UCC Conferences*.

¹⁷ Outreach for World Hope. <http://www.outreachforworldhope.org/recent.htm>.

¹⁸ IAHSa, Global Ageing Network. <http://www.iahsa.wordpress.com/tag/africa/>.