

MISSIONARY IMPOSSIBLE

The Life and Work of Cecile De Sweemer

By

**DICKENS WARFIELD
Cockeysville, Maryland
October, 2006**

Dear Reader,

This history of Dr. Cecile De Sweemer was written for two reasons: first, because I and others thought her story should be told; second, because I hope some who read it may become inspired by her work and life and will want to contribute to her current efforts in the Democratic Republic of the Congo. Her present efforts are embodied in the NGO named “Butoke” which means “Light.”

The history is not meant for commercial publication but will be sent electronically to various individuals and organizations having an interest in humanitarian causes and multi-cultural experiences with a spiritual focus. Any one is free to download the history, print it, and distribute it as he/she wishes.

If you are interested in contributing financially or otherwise, you will find a variety of possibilities detailed on the Butoke website at www.Butoke.org. In general, contributors from Canada should contact Dr. Real Lavergne at real_lavergne@acdi-cida.gc.ca. All other contributors should contact Branch and Dickens Warfield at bwarfield@comcast.net. People interested in visiting the Butoke site or working there, or wanting more information or desiring to help in other ways may contact Dr. Cecile De Sweemer at cecileds@yahoo.com.

We encourage comments, criticisms, suggestions, etc. from our readers. Please email any such thoughts to Branch and Dickens Warfield. We may do yet another revision in the future.

**Lord, make me an instrument of thy peace.
Where there is hatred, let me sow love; where there is injury, pardon;
Where there is doubt, faith; where there is despair, hope;
Where there is darkness, light; where there is sadness, joy.**

**O Divine Master, grant that I may not so much seek
To be consoled as to console, to be understood as to understand,
To be loved as to love. For it is in giving that we receive.
It is in pardoning that we are pardoned. It is in dying
That we are born to eternal life.**

St. Francis of Assisi

The quotations from “Hearken unto the Voice” by Franz Werfel, English translation, are made with the kind permission of S. Fischer Verlag GmbH, Frankfurt am Main and Viking Penguin, a division of the Penguin Group (USA) Inc.

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“...greatness is consistent only with running counter to the world and never with acceptance of it;...the eternally defeated are the eternally victorious; and...the Voice is more real than the clamour that seeks to drown it.” Franz Werfel, Hearken unto the Voice, New York, The Viking Press, 1938.

Translated from the German by Moray Firth.

INTRODUCTION

This little book is mostly a series of stories about someone who listened to the Voice. The stories are about a woman whose approach to God, life and other people is unusual and has fascinated me and others. She is someone I have known since 1978, but usually from a physical distance, as she has been working in developing countries most of her adult life and I have been in the United States in Baltimore, Maryland.

I want to warn you of my biases, so you may decide whether you want to continue to read; and if you do continue, you will be better able to evaluate what is written.

My first bias is liberalism. I think I am to the left of Karl Marx. Any cause which favors the poor, the downtrodden, the uneducated, the ill, - in short, the despised and rejected – I will support. Of course, I have had to focus my own efforts, and have chosen civil rights, specifically fair housing in Maryland.

The second bias is that I am firmly convinced I know a saint when I see one. The woman whose stories I am about to relate, I am convinced is a saint. Not in the technical Roman Catholic sense (you have to be dead for that, and have a couple of miracles attached to you). But in the commonsense meaning of saint, that is, someone who is selflessly committed to help other people, to do the right thing no matter what threats or risks exist and to seek to do the will of God.

Her name is Cecile De Sweemer. She is a Belgian MD with also a doctorate in International Health from the Johns Hopkins University. She is a combination Christian/Buddhist or Buddhist/Christian; she wants to belong to an inclusive group and does not care the order you use. She has devoted her life consciously and deliberately to caring for the “lowest” of society. Of course, she does not use that word or concept; she thinks they are God’s precious children. This dedication is not enough for sainthood; we all know people (we could use many more of them) who do this sort of thing. But Cecile does it with every fiber of her being and all her resources. Her appetite for doing good is

insatiable. She is never satisfied with what is achieved, but always pushes for more. I'll show you some examples as we go along.

Cecile is not content only to render aid to the victims of oppression and greed; she goes after the institutions that cause these wrongs. She has the rare ability to keep the social ill in focus while still caring for the individual who is suffering. She has adopted/fostered 35 children (the count is approximate), all of whom were in great need of one kind or another. She cared for them and educated them using her own resources through whatever post-high school training they were able to undertake. More about them later.

So, these are two of my biases. This book consists of tales – tales from Cecile's point of view and told in her own words as much as possible. In a series of interviews, she dictated much of her history to Marcia Reinke of Baltimore, MD in late 2004. In addition, she and I have corresponded since about 1980. She is a prolific writer, no matter how busy. Email has been a godsend to her (pun intended). In most cases, I have no way of verifying the details of her adventures. When I could, I contacted some of the people who "knew her when" and you will learn the results.

Maybe you're wondering about the title. It comes from the fact that Cecile almost invariably got into a head-on collision with the powers-that-be of the organizations for which she worked. She has not always been technically a missionary, but has always done her health care work because she believes it is God's will and to show God's love and glory. Furthermore, she has always done what she thought was right, and which by no means necessarily coincided with what the bosses thought was right.

I am on her side, and this is my third bias. I am going to name names of organizations, but in a few cases, I will disguise the names of private individuals to protect them from embarrassment.

I have chosen the traditional chronological approach to this biography. In some ways, a topical approach might have made for more focused reading. Cecile's life has had so many varied aspects that one could write an entire section just on her religious values as expressed in her work; or on the 35 + children she adopted formally or informally; or on her relationships with individuals, especially her mother; or on her struggles with authority. I ask the reader to note the interplay of these themes as her story progresses.

Her friend and colleague, Kayode Oyegbite (about whom, more later), wrote an appropriate comment that I will include here: "...Cecile has this very rich cross-cultural experience, which combined with her training in medicine, and public health, and a humanitarianism that is very rare should be good reading and reference materials for generations to come. Many people would want to learn from this experience, and this

will apply to those planning on humanitarian work, others in public health, or to those simply planning cross-cultural experiences.”

ROOTS 1936 – 1954

I suppose in recounting the adventures of a really interesting person, it is tempting to try to find root causes in early childhood for what the adult becomes. So, I'll try.

Cecile DeSweemer was born in Ghent, Belgium, on June 29, 1936, the only child of a 38 year old mother named Mathilde who was an accountant and amateur performer of engaged theater and a newspaper journalist named Arthur Julian. Both were socialist peace activists between the two world wars. It was in the peace movement that they met and started lecturing together. They disagreed with the allied policies towards Germany after 1918, which they foresaw would call for revenge. They opposed Nazism for its racism and anti-democratic nature. They were well known nationally as anti-Nazi, so at the invasion in May 1940 they fled Ghent for France and spent about a year in France during the Nazi occupation.

Of the French period, Cecile recalled the family's attempts to survive the Nazi occupation and to support the Resistance. First they tried to reach Great Britain. When that was impossible they tried Spain, but got no further than France, and initially were taken in at a convent in Rennes.

“We were in a convent in Rennes and nuns were all around us trying to at least help feed everyone. But we were all sleeping on the floor...some 300-400 people...from different countries. We stayed in Rennes a week or so. I remember being ill at that time. I got an external ear infection. And I remember all the screaming and the movement around me in the convent, but I don't have very clear pictures of it. I also remember there were bombardments while we were there. Also, while we were in the train to Rennes...The German Army took Rennes after we had left. We were hoping to go further, up to Spain, but that proved to be impossible. We kept getting diverted. If you took a train, the train decided where you ended up. Before the German army took Rennes, the French authorities told us to move on, and go into the rural area – because they thought the rural area would be a little more safe. And so we were put into convoys and again it was not a choice that we wanted to go here or there...we ended up in a little village called Verse...And when we arrived in the station, we were all standing there and the local people came and made their choice of whom they took home. So we were first taken home by the baker. So we at least had food. But it was quite cramped. They had very little room.

Because it was so cramped at the bakery they looked whether there wasn't somebody else who could take us. And the next family that took us were the grocers. We did very well. In fact both those families and my family stayed in frequent contact till late in the '50s and we were after the war able to show our gratitude as the economic recovery in France took longer than in Belgium.

The families in Verse really tried hard to help us, but they were also very amazed at the cultural differences. That village had lived with water shortages for centuries, so bathing on a daily basis was unheard of. And when my mother begged them for water to be able to bathe us, all she could get was one bucket for the three of us. And even so people literally came to the house and asked her, 'how can you do this? Why don't you get ill?' Because they were convinced that if you bathed daily your energy got drained. So there were funny cultural differences like that but it was a very good contact. It was not a matter of ridiculing the one or the other. It was exploring, dialoging about the how and as far as possible the why.

So when we moved to the grocers we had one big room to ourselves. Now, remember, I was only four years old so whether my estimate is reliable, I don't know. But in my memory, it looks like it was roughly six meters by 10 meters, so really a big room. And that one room served for everything. For kitchen, for sitting room, for sleeping room. But in that house I remember feeling at home. And they had a little daughter roughly my age, slightly older, so we used to play together, to go explore the village together. And I had had a black dog before the war. What we call a 'bouvier' - means a cattle herder - ...big like a shepherd but it has a different body build, more like a poodle. And it has slightly curly black hair. And they were used as herders for cattle and very good friends with children and loved to play with children. So before the war, we had a bouvier and in that little village there was also a bouvier. So one of my frequent trips with my little friend was to the house where the bouvier was, to play with him.

We stayed almost one year, and by that time the Germans were penetrating with their army even in those little villages...The people supporting us were poor people, really poor people, so we were poor with the poor. They had gardens, so vegetables were not a very big problem, even though we had to limit the quantities because of the water. They couldn't water their gardens a lot so the gardens were not very big.

The German army was establishing their full authority and my parents also felt that it was shameful to stay that long, dependent on these people who were poor themselves. So my parents decided on walking back to Belgium - about 700 km and it took us two weeks...Sometimes we would find people who would put us up, sometimes we would roll into a cover, or blanket, the three of us, and sleep like that somewhere in the forest or field. We had almost no luggage, but I carried a little black doll, which I never separated from until after the war. He was my constant companion. My mom had dry biscuits with her, that I remember, and that was mostly what I ate during the return, but I have no memory of what they ate...

When we got back, we still had our house. We didn't have our dog. We don't know what happened to the dog. Almost as soon as my parents were back they were contacted by some Belgian Nazis, who knew about them, and said, 'Okay, good that you are back; we want you to work as journalists for us.' But my parents had agreed beforehand with each other that in no case would they accept to do that. So when the Nazis came to the house, they first found my mom and my mom...played that they were all confused and could not be helpful because they didn't understand anything any more, etc. They somehow bought it. My father played the same but added that the best he could still do was work which didn't ask much of thought...he was willing to be conscientious, etc., and they took him also for real. And he negotiated that he could work in the rationing office, which came in very handy because then he could steal the stamps and distribute them to the Underground for use by people who had no legal identity any more and therefore no right to stamps and therefore no access to food...No stamps, no food.

During the war mother did not do any salaried work...my father worked in the rationing office. The two of them worked for the Underground, but mostly late at night. So that it wasn't very obvious that they were doing things...They were writing articles. The actual printing was done by someone else...for an Underground press. And then my mom and I would distribute in certain neighborhoods and other people would distribute in other neighborhoods. And the distribution was a risky business because it was the time you could most easily be caught. So that was never what my father did. Nazis with their whole ideology that women were inferior didn't expect women, let alone children, to be in the Underground...

My parents were listening to the BBC every day. And so, that's one source of my English. And whatever news came through BBC they would help spread. Very few people had the courage to listen. And it was dangerous. If you were overheard, that was the end of you. And also through the Underground network, there was certain news about Belgium which even BBC didn't have and which we would spread. For example, I remember the Nazis set up a concentration camp in Belgium in Breendonck, not too far from Antwerp. Now the Germans obviously never talked about that, so it never appeared in the newspaper; it never was on the radio. Even BBC did not talk about it. The Underground press spread the news and was even able to gain some information about the horrors that were going on there...For the Nazis, anybody who was not a Nazi was an enemy. They considered themselves as superior by race (Aryan) and faith and ideology (National Christian Socialism). Their targets for imprisonment and elimination were quite a collection. So there were Theosophists, Free Masons, gypsies, Jews, communists and socialists, homosexuals, handicapped and mentally ill. Their problem with the Free Masons was their belief in human brotherhood. Same with the Theosophists. Gypsies, Jews, were considered "Untermenschen" less than human species. Communists, and obviously many socialists were suspected of being covert communists, were ideological enemies supposedly undermining Germany. Homosexuals, handicapped and mentally ill

were seen as dregs. They openly wanted to purify society by imprisoning and killing all of these.

I started school, and in school the Nazi teaching went on, so I used to be picked on as the example of the Aryan kid, because I was blond. I have blue eyes. So I was held up as the ideal pure superior race. And I told that to my mom and she was more than ambivalent. She said: 'Okay, let them do it; don't protest; don't show you're unhappy. It's the best cover for your father. My father had a definitely Mediterranean type with green eyes, a hawk nose and black hair and olive skin color, so he could easily be "accused" of being Jewish, as I would learn.'

In nursery school Cecile carried messages for the Resistance. She remembered later "...I got to school and one of the assistant teachers took me aside as soon as I came, and gave me a list of five people, and asked me to memorize it, and told me they had been arrested, and your father should go underground. So I ran back home and told my parents and my father stayed underground for three months ...literally underground, like Saddam. One of my tasks was to take the pamphlets and newspapers around because the Germans did not very much suspect kids to be active. It was safer if I did it."

Cecile further recalled: "So, very early on, I was involved in political life and discovered the ills of racism. Someone asked me if my father was Jewish, and I had no idea whatever what a Jew was. But from the tone I could make out that it wasn't supposed to be good. So I hotly denied that he was Jewish and then went home and asked 'what's a Jew?' My mum said 'how come? What happened?' So I told her and she said 'what did you say?' So I told her and she said, 'okay...as long as the war is on, it is no.'" And I said 'yeah, but, is he really Jewish?' And my mom said, which even today is true, 'we don't know.' but if he is of Jewish descent he should be treated with equal respect. We need to protect him from arrest and death. He looked Mediterranean and several of his forefathers came from Spain, so maybe Sephardic Jews. But we don't know. So, after the war, instead of saying 'no' she would reply 'I don't have the honor to know that.'"

Cecile described being lonely in school. "Very lonely. I think I was way ahead of the other kids in terms of understanding what was going on and I also was wise enough to know that I could not talk to them about things that were mostly on my mind. As a very young kid, four or five onwards, I didn't play. I didn't like to play. I used to look at the other kids playing and think 'what's so amusing? What's in it for them?' And I was not hostile to it, but I just didn't get the point. And my mom was very sad about that. Thinking that it might be the burden of all that I knew about the war and everything – the torture, etc. I don't know whether it was that or just my personality...But I started only playing when I was 16...card games, checkers, music."

Once Cecile was stoned. "It was a Sunday. And people from the neighborhood had been going to the church and to Sunday school and they had learned that kids born

from non-Catholic parents were born from a marriage that was not celebrated in the church – were children of the devil. So I suddenly became a child of the devil and they decided to stone me. My guess is I was roughly eight or nine. I can visualize immediately about eight (kids). I kept pressing them towards my house so I didn't really escape at once...So I maybe was about five yards away from my house. It really happened close to the house. And what I did was slowly shift towards the house while they were hitting me with the stones. And shouting at the top of my voice because I was hoping my mom would come out, but she didn't hear...They were neighborhood kids...when I got back home I was not very severely hurt but I was scared. And when I told my mom about it, my mom said, 'look, if I go to their grandparents, because there were four of them that were children of one household...if I go to the grandparents, it becomes a conflict between the adults. So I'd rather not do that. Why don't you go and tell the grandfather what happened?' And I did. And he closed the door on me when I started telling.

The same grandfather, many years later, when I was already a doctor, so I was 26 then, came in an emergency with a stomach bleeding and so I was the doctor receiving him. And he recognized me. And I could see the fear on his face. He probably thought I would take revenge for what had happened. "I am here as a doctor. I will do all I can to help you. And what happened in the past is just that; it's in the past. It has nothing to do with us now." And he died. He died right then before I could help him."

Cecile attended 4th, 5th and 6th grades in what was a practice school for the nearby Normal School (teacher prep). "That school was very near to Roman Catholic schools and so when in the late '40s there was what we called the 'school war' we risked being beaten up every time we came out of our school...So I was beaten up several times by Roman Catholic boys. But I wasn't the only one – anyone coming from our public school,...which were Protestants or people who were outside all churches...We came very close to being a second Ireland...It still puzzles me how we got out of it."

Cecile finished the practice school at age twelve, and joined a combination junior and senior high school called the Lyceum. By that time she had developed a strong interest in science and would have preferred to attend the Atheneum, which was a boys' school with a special section for science, which refused her because she was a girl. She commented on her primary and secondary education: "So, throughout my primary school...and in the Lyceum, I was usually first or second of the class, or third and we all the time had a kind of dance between the three same people for those three positions. Because of my upbringing with my mother, I was not extremely competitive – I didn't feel I had to compete to be the number 'one.' It was okay if I was second or third as long as it meant that I was studying well. But it wasn't the same for the two other people. At their homes, they were under very high pressure to be first...."

So it was very hard for me to be friends with the people who were the closest in intelligence to me. But I had very good friendships with many people in the class. Even

though I know from the remarks they make now that they thought I was a bit crazy...remarks on my vegetarianism, the fact I knew and admired Buddhism, on the fact that I created my own clothes. They did not realize that during the time I was in the Lyceum, I was extremely poor because my parents had separated and my father did not want to pay...basically my teachers paid for me. So when I created my own clothes it was more out of necessity than out of fantasy, although I had a ball doing it. If I walked to the seacoast a 40 miles distance, instead of taking the train, again, it was more out of necessity but when I explained it to them about two years ago, all were absolutely flabbergasted.”

While at the Lyceum, Cecile set up a successful relief effort in February 1952 for those who lost homes in massive floods in Holland. It was her fourth year. Her assertiveness upset the headmistress, who was away while this relief effort was going on. We see an early pattern which is oft repeated in Cecile’s life.

The Lyceum was staffed by women, most of whom were overqualified because women were not encouraged to do research or teach at the University. Antifeminism was rampant at the University and medical school. “We, the girls, were only 10% of the students in the medical faculty and many of the professors permitted themselves all kinds of negative remarks. The Professor of Anatomy, for example, used to repeatedly tell us: ‘There is no use in us educating you as all you will do is to marry another doctor and that will be it. You will never be professionally active.’ And the same one, when I did my exam on a cadaver, I did very well, and we were all together, so in front of the whole group he looked at me and said, ‘where did you suddenly get that intelligence?’ It was a very negative environment, but I dealt with it by never mentally submitting but outwardly calm. I carried over my competences as a resistant to the feminist struggle”

PHASE TWO 1954 – 1972 **COLLEGE, MEDICAL SCHOOL, GRAD SCHOOL AND FIELD** **ASSIGNMENTS**

I doubt that we can prove specific causal connections in her early years between Cecile’s immense dedication to people in need and ability to go against the establishment. But it’s not hard to see how a person who, as a toddler, worked for the anti-Nazi Resistance, along with her parents, and who by nature and circumstance was isolated from most peer groups, could become such an adult.

Cecile’s family, as is, I suppose, always the case, had its influence on her. As had her parents, she engaged in peace activism from about the age of 14 onwards and by age 18 fulfilled national and international roles in the peace movement.

But from her childhood through her medical training, the family situation was altering for the worse. Cecile's father, through writings and political activities, was elected to Parliament for the Socialist party in 1946 and remained so until 1965... "Once in parliament he forgot his peace activism. and he began drinking heavily, stopped being vegetarian and tried to conform to middle class conservative values prevalent with other parliamentarians..." and voted for Belgian involvement in the Korean War and in declaring war on Egypt over the Suez Canal nationalization, both positions which Cecile herself opposed as peace activist and student leader. He was also "having affairs with many young girls, which left my mother absolutely heartbroken. That was kind of the last straw in it all." By about 1950, when Cecile was 14, the marriage was barely holding. "Then one of those girls conceived a child and the name of the girl was Cecile, like my own,...I had seen she was pregnant so I told my mom. Mom confronted my father and said, 'look, bad enough that you made her a child, but for heaven's sake, take responsibility – she is too young (she was about 15).' The father took refuge in the girl's promiscuity to say 'who knows whether it is my child?' My mom said to bring that child here and we will educate it like our own. And he refused absolutely. Told her she was crazy, etc. The child died six months later...and in the meantime my father had been condemned by court to pay the woman because the blood group made it more than likely that he was the father, but he never did pay her...It was the same as with us. He would pay her one month and then stop paying, and not take responsibility. I felt very angry about my brother's unnecessary death."

Cecile reports that her parents reconciled 12 times between 1950 and 1962. Whenever her father asked for forgiveness and sought her mother's support she would feel she needed to give him another chance. "...we suffered, my mum and myself, a lot of poverty in that period, because every time he would come back would mean the court orders were invalidated and when he left again it would take us months before we would reestablish the court orders, so it was a period of great emotional instability and real poverty. Unfortunately we also suffered of social ostracism as my father was considered powerful and so many rejected us, especially as we espoused anti-establishment points of view.

Many, many months we had food until 15th or 18th, and beyond that, it became very difficult. Sometimes I would empty garbage cans to keep going; or sneak in abandoned orchards, at least once a week Jewish friends would invite us. They did so out of gratitude for my parents role in the Resistance. Over time we managed better the emotional waves and were able to be happy in the midst of the turmoil. So I reasoned that...if I was able to accept poverty and troubles created through my father's antics and remain happy, I could choose to work in poor countries with the poor being poor, and I would probably be able to be reasonably happy. That is how I accepted that I should work in developing countries. I felt called and prepared for it through our own suffering." The divorce was not actually final until 1972, when Cecile's mother was already 74 years old, living in Nigeria. Much later my father would reminisce and tell me "your mam was a saint; she sacrificed herself for me and you, but I hate her..."

Cecile was beginning her medical studies while her parents' marriage was disintegrating. Let's see what kind of activities she got into and what trouble she faced in college, med school, grad school and various field assignments during those years, 1954-1974. The truth seems to be: quite a bit, as we shall see shortly.

Twenty years is a long time for college and grad school. The college and med school period at Ghent, Belgium (1954-1962) actually covered junior and senior high school for six years. Med school usually takes seven years, but Cecile took eight because she repeated the first year. She worked in the field for about six years before entering Johns Hopkins where she got a doctorate in Public Health in 1974 and then joined the faculty at Hopkins.

Cecile was 26 when she finished medical school. She had to repeat the first year. "In the first year I failed...so-called failed...physics, which was ridiculous because I was good in physics. But that professor didn't want to pass girls. And so I took the exam of physics three times, and the third time I passed because my Professor of Histology pretended that he came nonchalantly into the exam of physics and listened to everything. At the end of the exam he said to the Professor of Physics, 'isn't she brilliant?' And the Professor of Physics couldn't say anything. These were oral exams and in principle, they were public, but you almost never had anybody present. But this Histology Professor was one of the more progressive guys talking with students and he was aware of what was going on. And when he saw me appear for the third time because we had to retake all the exams if we flunked one, he said to me, 'hey, what's up? Why is this happening?' So I said, 'well, it's Physics.' And he said, 'never mind, he did it to me when I was a student. And he said 'when you are going to take it, just warn me. I will come.'"

As Cecile had had to repeat the first year. "...My theosophist friends, everybody was saying, 'can't you see you should do something else. Neighbors, friends were upset, but at the same time, upset with me that I persisted. The only person who was truly and totally supportive in my immediate environment was my mom. And my mom said 'okay, we know what it is due to; you will win.'

Afterwards, the six subsequent years I always finished among the three first ones of the class. Even in the final year I was declared second but had the highest point average, as one professor had given me 0 and had tried to stop my graduation altogether. He was upset about my whole lifestyle, always in pantsuit and sandals (plastic as those were the cheapest), on a bicycle, openly active in progressive causes, talking with patients and their families in dialect to be better understood, explaining diagnosis and prognosis. The latter was a conscious innovation on my part as I felt we doctors should not lord over the patients but help them make decisions based on accurate information.....

After medical school I held a Belgian government scholarship preparing me to do obstetrics, gynecology and surgery more thoroughly than I did in medical school, so that I would be able to function independently in developing countries. At least for the most frequent conditions and that by itself was a big adventure, because at that time women didn't do surgery in Belgium. So I had the hardest time. Every surgeon I asked whether I could work with him, his answer was, 'no, you're a woman.' So, finally I decided the only people I had some leverage on were the people who had trained me. So I went back to one of the professors who was a Jesuit third order person (take partial vows, can marry but not ordained as priests)...So, I asked him and I got the same answer: that it was impossible because I was a girl.

And I said, 'come on, you trained me. You can't drop me mid-way.' And he said, 'yes, but the added difficulty was that I looked very liberated; I was wearing pantsuits, etc.' He said, 'you know I'm a committed Catholic; I work in a convent. The sisters will get all upset at you...even if they just see your family name, they will get upset (because of my father being a Socialist in Parliament).' So I said, 'okay, in terms of family name, my impression is that they are not that politicized that they will know the family name. In terms of pantsuits, well, for the time being, I can wear something else. And I promise you, they will not get upset at me.' So he finally gave in and I did six months in that convent hospital. I did surgery and I made it a point of using the opportunity of working with these sisters...they were sisters of St. Vincentius...that's an order that dates from the 19th century and was quite socially active...in their origin they really worked in poor neighborhoods. That was still being romanticized in their minds but they were not doing it. And that was one point, obviously, where I could connect very well with them.

The other point was that I decided to make use of that period to better get to know Roman Catholics, from the inside. If you remember, I had had my own run-ins, my own stoning, etc., which didn't make me very at ease with Roman Catholicism, and I realized if I went into my future life like that, I would basically be in the position of saying: they are prejudiced; therefore, I am prejudiced against them. As a child I had also listened to my Mam recounting her family history which included that one of our ancestors was a Spanish general who led Inquisition, converted to Reformed Christianity and was burned alive on the stake for it. Roman Catholic chants invariably called up with me this execution. I wanted to overcome these barriers. So I decided to participate in their meditations, in their prayers, etc. to try to feel it from the inside...It worked. It worked too well. Then the nuns wanted me to join the order...and I had to try to explain why not. And so, when the Mother Superior asked me whether I would join, I said, 'sorry, I cannot; I'm not even Catholic.' And she looked at me and said, 'you mean you don't go on Sundays for prayer?' And I said, 'no, I mean I'm not baptized.' And she said, 'oh, but we can baptize you.' And I said, 'okay, baptize me, but if you ask me at the same time to accept certain things, I cannot.' 'Like what?' And I said, 'the infallibility of the pope.' And she said, 'oh, but you can pray that you can accept that.' And I felt so bad because they were people I had really bonded with, and in the end it was almost more

traumatic for them than for me to discover that they had bonded with someone who they couldn't really keep as one of them...

The convent owned the hospital. So all the nurses were nuns. All of them. And they went even as far as telling me that if I joined that there was only one year of novitiate, and after that I could be the Mother Superior because they vote democratically and they said, 'you will get all our votes.' They were more comfortable with women doctors than with male doctors...In fact, all the things he (Cecile's mentor) expected would upset them were the things that attracted. 'You go on bicycle; we want to be able to go on bicycle. You go swimming; we want to be able to go swimming. If you are Mother Superior you can get that for us.' So, instead of being upset at a more feminist woman, they were attracted by it."

Cecile's ob/gyn scholarship time was spent uneventfully in a local maternity hospital in Ghent. It was quite a tiring exercise as many deliveries happened at night but it was an excellent preparation for later.

After the surgery and ob/gyn scholarship time the Belgian state could have assigned her to Congo unless she took a two-year assignment elsewhere in a developing country. She wanted India and the Tibetan refugees there, who seemed almost forgotten by the international community. She said: "So I went abroad at that point (1963). I traveled slowly from Europe, waiting for a visa from India because I hoped to work with the Tibetan refugees. The Tibetan problem was still very recent at that time. The Indians were dragging out the process. I applied while still in Ghent and they kept saying, 'Oh, it will take a few months.' I didn't want to wait in Ghent, because having taken that scholarship, the Belgian government had the right to send me to Zaire... I didn't want to go there. Because that was our old Belgian colony (independence from Belgium in 1960) and I wanted not to be seen as an extension of colonial rule, but instead to work for the people with the people

So I traveled slowly, hoping to find my visa on the way...through France, Italy, Israel, Iran to Pakistan, and by the time I was in Pakistan they still kept saying they would give the visa in a few months. But my finances were running out, so I worked in Pakistan. I worked as doctor and even as head of a small maternity clinic and also in a dispensary in Karachi."

Cecile is never one to waste opportunities, so while she was "traveling slowly" to Pakistan, staying in the homes of friends who were Theosophists in Paris, Lyon, Geneva, Milan, Florence, Trieste, Rome, Tel Aviv, Jerusalem, Teheran..., she gave lectures. These lectures were arranged and organized through the Theosophical network.

Cecile recalls: "There were three main subjects I offered. One was the History of Indian Art and how it had celebrated creation, joy and sexuality and how it had been undermined by colonialists. For example, the sacred dances. They had been forbidden

and by the same token this had stopped the traditional system of sex education for couples, as the dancers used to accompany young couples and teach them in the bedroom about foreplay and sex in Kama Sutra style. And I had a large set of slides to show the art historically and what the dances were. Most theosophists had a reasonable grasp of the Ramakrishnan version of Hinduism, but had little or no knowledge about the art and the basic values celebrated by Hinduism, so people loved the presentation.

That was one subject. The other subject was 'Peace and War,' which is not too astonishing from what I've told you before. Peace and war – I am sure everybody is for peace. But really looking more deeply into why, when everybody is for peace, we always end up with war, is not a common subject among Theosophists, but until today it fascinates me.

And the third subject may astonish you. I had prepared a lecture which I called 'the glory of sex.' ...it was a subject that was not often touched upon among Theosophists, except maybe in moralistic terms. One author George Arundale had done so and his discourse seemed to me very revealing and distilling the best from the Kama Sutra. Sexuality awakens in us the joy of unity, conversely unifying minds and hearts quickens in us a flow of creative energy. We should glorify God in our sexuality."

How Cecile got to be an expert in Hindu art, let alone sex, is not immediately obvious. She says she had studied Oriental languages, history and art for two years during premed school, at university in preparation for work in India. She had also "done a lot of researching the subject by myself." She had some beautiful slides from UNESCO.

She admits that the sex subject was a bit of a sticky wicket. "I had no sexual activity and that was always one of the big questions during the lectures. 'How come you are not married? How come you talk about this.' And from my knowledge now, after having been married, I think I had understood and felt about 90%. Enough to be able to help others to think about it, but not enough to have fully realized in myself what it really was. But sexuality, as I understand, is affected by and carried into other activities than just penetrative sex; it embraces many forms of creativity also as well as our impulse to unite with and protect forms of life."

Finally Cecile arrived in Karachi, Pakistan. She again received hospitality from a local Theosophist family called Minwalla. The family is one of the prominent Parsee families. They helped her in all ways including finding volunteer jobs and finally even a paid job. They let her explore with them what cultural adaptations she should make herself and were open to dialogue on the praxis and theory of their Zoroastrian faith.

"This period was my real initiation to cross-cultural living and to working in developing countries with and for the people. I took three different jobs there. First I worked as a volunteer in the TB clinic and in the Poor dispensary. After leaving these two places I took work as head of a Maternity Home near the Star Gate of the airport.

The TB clinic was smack in the middle of the Haj camp, where in 1963 hordes of refugees were still living since 1948.... I saw only TB cases or suspected TB cases. We had three physicians and we would see every day between 300 and 400 patients together – just for TB. There were no other clinics. My colleagues worked almost in reflex. They would ask the patients ‘balgham,’ which means ‘cough;’ ‘kai,’ which means fever. Those were the two basic questions they would ask. They would prescribe almost before they got the answer. So I couldn’t do medicine that way. I asked many more questions. I did physical examinations and I started becoming very aware how much the other staff were missing. One day, they even missed peritonitis. I was younger than the other physicians, and, as I was trying to be more careful about what we were doing, they didn’t like it. They kept telling me that Pakistanis are much stronger than Europeans, and you know, it was good enough, what they were doing. The work was financed by a TB Association, funded from the outside. I think the Damien Foundation, a Belgian Foundation, put funds in there...After about two months of this, I decided that there was really no hope to make the clinic better. Also the chronic refugee problem seemed to doom us to keep running after problems that could have been prevented.” So, characteristically, Cecile would not do things the Establishment’s way, when she thought it was inadequate, and parted company with the clinic.

The Poor Dispensary opened at night and saw patients for a small fee of 10 cents, we were able to give some medicine but its utility was limited as the range of drugs was very limited. So reluctantly she gave up the dispensary....

Cecile ended her stay in Karachi working in a maternity home. ”Work in the maternity home helped me in many ways to deepen my understanding of the problems women experience in a conservative Muslim surrounding, also to learn how more progressive groups such as the Ishmaeli and local Christians manage the situation. Most of my nurses and midwives were Ishmaeli; the owner was an Anglo Indian Christian. I also started to develop with them a more rational system of delegating tasks to the nurses and midwives and that experience would later help me to develop “family health” and “primary health care” approaches using nurses, midwives and auxiliaries.

In this maternity home I delivered a mother dying from hepatitis and as her waters burst I was sprayed all over. Within 3 days I developed hepatitis myself and was almost at the point of dying – unable to feed myself. I was hospitalized for six weeks...They cabled my mother telling her I might be dying. So my mother joined me in Karachi.

I was in Karachi almost a year before finally the Indians came through with the visa, while I was still recovering. The visa was restricted to the South of India which made it impossible to join the Tibetan refugees. They did it on purpose. By the time we got the visa for India, I was more or less okay – still had some fever; it took me a long time to get rid of the daily fever. Mamsey said she would go back to Belgium, and I said ‘what are you going back to – not a marriage.’ Because my father had even refused to answer the letters she wrote him while I was sick. So we discussed, and I later always

teased her that I had to convince her, almost like for a marriage. I basically made the following arrangement: you stay three months. If you like those three months, okay, we stay together. If you don't like it, you don't even need to explain to me why. You just tell me, I can't take it, and go.' So she finally accepted and we stayed together until her death in Nigeria 1977. She always repeated that these years living and working in developing countries were the happiest years of her life.

From Karachi we left for Madras for the Theosophical Headquarters in Adyar spending a little time in Bombay with another Parsee Theosophist family on the way." In Madras, Cecile hoped to work for a while and convince authorities that they could let her go and work in the Tibetan camps. Cecile was soon hired by two groups, one by the panchyat (a council of five people) of Galletiput. It was elected and governed a zone where untouchables had been resettled. She was also hired against housing and three meals a day by Kalakshetra, a large theosophical school complex, with Montessori school, primary school, junior and senior high school and also an art school.

"So I started providing medical services for Galletiput, in what was known as a Poor Dispensary serving roughly 3000 people, and I was the only doctor, there was no other staff. The panchyat had promised to give me bandages and medicines. I went twice a week, reaching by bicycle. The first two times, it went very well and they took many pictures. But by the third time, obviously I had been using the drugs and we started running out and it didn't look like they were going to provide again. We got into quite strong discussions. I told them I couldn't do the work without the drugs. So we came to an arrangement where people who could afford it paid a small fee for health insurance through another group that existed in our panchyat and that way, if they needed long-term care or more complicated care, they were taken care of. People without money were taken care of out of this pool. In terms of care this worked well for a few months but the insurance scheme teetered on the verge of going broke as my presence provoked a much heavier case load than they ever had had.

I was in Madras for six months with my mother. In those six months, Rukmini Devi, who was a local politician, member of the national Parliament, and a Theosophist employed me also as school doctor. The school had more than 1500 students, most from middle class and elite households and 32 Tibetan refugee children which were heavily discriminated against. They were ill-clad, had no sandals and were almost equated with untouchables. Two were TB cases. Rukmini refused to pay the drugs needed to treat them. One was extreme anemia due to Giardia. I somehow managed to raise funds and treat everybody based on contributions from foreign Theosophists. I even got them simple plastic sandals. I did a simple survey of anemia and parasitosis and found more than 80% of the school population needed to be treated. Again Rukmini would not provide but I found the necessary resources. Rukmini was very upset, thought I was giving her a bad name. She thought I created dissatisfaction.....She also got very upset that I was working with the untouchables; I even sponsored one for high school..

She went to denounce me to the police as a political danger. All the time I was working with untouchables, still living in the compound of the school in a simple bamboo hut. Mamsey and I shared the three meals provided for me and in six months I lost 25 kilogram (55 pounds). Even though we experienced hardship we wanted to go on and finally work also for the Tibetans.

So when I went to renew my visa, the policeman I was dealing with was mouthing Rukmini's accusations and I was trying to tell him 'come with me; you will see, this is not what is going on.' He probably thought I was very vulnerable at that moment and would give in to anything to get a visa, so he started tugging on my sari to undress me and I decided modesty was not the best counsel at that point. I stood up and ran out of his office as fast as I could, holding on to my sari. So when I was back home I talked it over with my mother. So we basically said. 'okay, with this happening, we are not going to get permission to go to the North, to the Tibetan camps.' So, before they caught up to the fact that the visa had expired, I left for the North and joined the Tibetan refugee camps illegally; connected up with the Dalai Lama and worked for three months in the camps. I went to Dharamshala home of Dalai Lama in Himachal Pradesh, just south of the mountains. Already in the mountains, but the southern part; fairly close to Tibet, but not directly touching."

This was in 1964. "I went up there and spent a lot of time working together with the Tibetan traditional monk doctors in the camps, seeing with them what they were doing...These were refugees that had fled the Chinese especially in 1958. Some fled in '58, some '59, some '60. And everybody in those camps was still believing they would be back in Tibet very soon. Their mind was not turned to being outside Tibet and having to make their lives outside. There were huge children's camps, partially because when people sought refuge, there were many children that were living in religious temples, a big number of young monks, not many women. There are Buddhist nuns, but at that time, not very many.

Minimum support for camps was coming from the Indian Government. USAid was giving support in return for spy work in China. So basically...a number of men were recruited to go back into China and in return the Tibetan community got a certain amount of food. My mom was in the South still, in Madras...So I taught the Tibetan monks to recognize anemia and to recognize TB...those were the two main things I was able to teach them...Also the use of antibiotics. They were aware of antibiotics, but in their minds, streptomycin and penicillin were one and the same thing. So I tried to explain to them the differences. And for anemia, I did a couple of blood transfusions using my own blood, using cross matching and I taught them to see how blood matched or did not match. But in fact, they never did it after my departure. They were probably too scared.

I was interested in Tibet for a mixture of reasons. One is I had been very interested in Buddhism, and I probably had higher expectations of the experience of Tibetan Buddhism than what I found...but that's not either here nor there. I was

interested, to the point of wanting to become a nun and devote my whole life to the search for peace and happiness for all. That urge became especially strong on my way to Dharamshala.

The other thing was, like many Europeans of that time, I had been rather impressed by Chinese communism rather than Russian communism, in the fifties, early sixties. I would say the most progressive people in Europe thought the Chinese were really onto something and were much more democratic. To see the Chinese then destroy a whole people (Tibet)...you can't say I felt guilty, but I felt very sorry for what had happened, and so felt I had a special obligation to help them.

I was only in Dharamshala for three months, and after three months, the Dalai Lama asked me to go back. He said, 'your luck must almost be up.' He knew I was there without visa. And he said, 'if they catch you, I can't do anything for you.' In the meantime, I had also looked after his older sister who had a cervix CA, so we had had a chance to talk several times one on one. I talked over with the Dalai Lama my urge to join the orders, but he advised me to not try among Tibetans as nuns were not really educated and not permitted to rise in rank. He felt I would better join a Taiwanese or Japanese order, where nuns rise to the same ranks as monks.

He asked me if I could try to bring young Tibetan people to Israel. The Dalai Lama thought Israel would be receptive, because his feeling was that the Jews had known what exile was more than any other people – that they, more than any of those who had suffered exile, they knew how to recuperate people. So, I went first back to Madras to pick up my mom...took a train to Bombay and a flight from Bombay to Israel and tried to get permission for young Tibetans to go to Israel. Most of the young Tibetans who were in India had either no schooling or defective schooling, so they really had to recuperate from their own lack of self confidence.

In Israel, mamsey and I contacted some people we had known in the earlier visit, near Tel Aviv." Cecile asked them to facilitate a talk with foreign minister Golda Meier. "They refused flat out. They said, 'if you had a letter from the Dalai Lama, yes, but not like this.' I tried to explain. I said neither he nor I thought a letter was okay, because if the Indians had found it, all hell would have broken loose for him or me. So we asked, what bus do we take to the foreign ministry?' We got to the foreign ministry; it was a kind of barracks-like building. So we picked someone, just randomly, and she happened to be the secretary to the assistant to Golda Meier, who we could meet immediately. And they had twelve scholarships for Tibetans, which they had been unable to deliver since two years. Just luck. I really felt like we were being guided.

We tried to get them (the Tibetan youngsters) there and we got the Dalai Lama to send them to New Delhi. They had to be there to get travel papers, not a real passport. Tibetans could apply for stateless travel papers which were only six months valid and could be recalled at any time. But they didn't get these travel papers. They were there

for six months waiting in Delhi and the people from Delhi, from the ministry, told us that, if these scholarships were any good, then half should go to Indians. And if these scholarships are no good, then nobody should go. So we were stuck. We talked it over.”

Let’s pause here and see the magnitude of what Cecile was about to do at this point in her life (about 1964). She was about to take on total responsibility for twelve teenage Tibetans she found in a camp in India. “We had twelve people waiting. Of the twelve, five were girls. Of the five, there were two we knew. And we thought the girls are probably the ones that are the least resilient. The boys (I knew everybody), they were pretty resilient people. So we decided we would try to bring first the girls to Belgium.

And the Belgian ministry, when we applied, refused...told me, ‘we cannot give it, because these are mountain people; when they come to the plains, they will all become ill.’ So I looked at the man and I said, “Okay, if you believe that, put it in writing, and I will publish that with denials by some of the best professors, that this is not at all a medical reason.’ He yelled, ‘don’t get emotional.’ I said, ‘just give it to me in writing.’

So we got the visas...and we brought the five girls first. There was our home, but not accessible to us. My father was there with his newest partner. But we had rented an apartment and at first the girls were with us in that apartment. But it was very obvious that this could not go on. It was too small for so many people. So we moved to a house very near to where my parental home had been, which was bigger, and, as it was out in the suburbs, was not terribly fashionable, so the cost was the same.”

The ages of the girls were problematical. Cecile said in the camp...“they kind of looked at the girls and said, ‘you must be fourteen,’ so would flip the calendar and say, you were born the 18th of September.’ So the oldest girl was 17 and the youngest was 15, but I think she was in fact younger...Some had some education, some hadn’t. One of the girls had had about a year of education. They could make out the letters, but real reading in the sense of understanding it, no...I recruited my old teachers, for example, my old mathematics teacher...to teach them the beginning of calculation. We had to literally start from the first grade. There was no way out. We had to start from the beginning. I found an old inspector of education who had been a friend who was willing to teach our own language, Dutch. I myself taught them the beginnings of biology, physics and chemistry, using the lessons to also teach the language (Dutch) at the same time. So, sometimes in an hour, we could only get one paragraph.

We were all together in the house for two years and in those two years, all but one of the girls had done a high school equivalency. The last one took three years to get a high school equivalency. So, during their stay, after one year, we brought the boys. Seven of them. And the boys couldn’t live in the same house as us, so we received the use of a big house from the Franciscan Brothers.”

Cecile described how she financed all these activities. “The first phase: going towards India, I used up whatever savings I had made as a medical student, because even though I was a student, I also worked as a secretary and a lab assistant. So, at that time, I had about 250,000 Belgian francs (\$5,000 US). That sum of money became a bone of contention because somehow my father got a whiff that I had money, and accused both my mother and myself in court of having stolen that money from him.”

To get the dozen Tibetan teenagers to Belgium, Cecile explained: “In the Tibetan area the Tibetans supported me and fed me, and even gave me clothes which were warmer than the clothes I had. The return to Israel had been prepaid. We had tickets and at that time the two-year tickets were not only valid for two years but you could re-route yourself. So, for that we didn’t have to pay. Once back in Belgium, we stayed with a family member, in one room. My mother was the first one who found work. Living with the family was far from ideal. My mother worked at that time as a scientific secretary. As soon as mother found work, we borrowed a little bit of money, rented a small apartment and without furniture, we went to live in the apartment. .

After six months, I, too, had a salary. At the University I taught Public Health, using American textbooks to first teach myself. ... as soon as I knew that we would need money for Israel, I started talking to Rotary Clubs, Lions Clubs, Soroptimists, and people were contributing money. Before we got the visas for the girls, we had to prove we had money for each one. Unfortunately contributions stopped soon after their arrival, but we survived on our combined salaries in a modest way.

I couldn’t fully adopt each Tibetan. For a full adoption you need to either prove that the parents are dead or you need the permission of the parents. In refugee situations, most of the parents’ fate was unknown. For instance, most of the boys had come with the monks. They didn’t know whether their parents were alive or dead or where they were. There were only two girls who had their mothers...I had some difficulty. Because in Belgium I had and I didn’t have parental rights and responsibilities. It took a lot of negotiation, talking, clarifying with the police, every time that we needed something.

The boys were a little bit older, as far as we know. We tried to get high school equivalency for the boys but we were less successful. There were three which got high school equivalency. The others did vocational schools, but in terms of work performance, they were excellent. They were able to make a good living.

The five girls chose to go into nursing and wanted to return to working with Tibetans. And in order to get them in a safe place, I negotiated with a Dutch school to do nursing. There was a boarding arrangement there and Dutch nurses were much better trained and much more independent than Belgian nurses, so the girls went off to Rotterdam... We negotiated with Save the Children GB that at the end of their studies they would be hired. But before they graduated Save the Children GB stopped its work in Tibetan camps. Of the five, three are married. All live in Rotterdam. One has worked

with MSF for eye camps in Tibet itself... All have visited India and Tibet regularly and maintained solidarity with their people although unable to reintegrate.”

So, it's now nearly 1966, and Cecile and her mother are working in Ghent and supporting the twelve Tibetans. An offer came from the Belgian government to Cecile to go to Rwanda as vice dean to modernize the medical faculty around public health and to set up curriculum. The offer was attractive as it opened a major opportunity to foster development and also its pay would assure the twelve could keep going even though outside finances were drying up. All this placed Cecile in the middle of another controversy: the academic validity of allowing Public Health to be a major subject at a medical faculty. She thought it should be, and furthermore, also objectionable to the faculty in Ghent, she involved the Rwandese.

Cecile injured her knee in a car accident in Rwanda, and wanted to go back to Ghent for medical treatment. Upon return, Cecile's injury limited her activities. The university administrative board criticized her because she used French instead of Dutch in her administrative letters written as vice dean in Rwanda. She was being refused to return or to teach instead in Ghent. She appealed to the “Minister of Cooperation” who had visited her in Rwanda and who had originally offered her the Rwandan position. He arranged for a four month scholarship at Johns Hopkins, so off she went (1967), with the kids pretty much able to survive and mamsey with them for guidance and support.

Cecile said: “After first trimester in Baltimore, I became convinced that an MPH degree was not going to give me a lot. So I went to Dean ..., and said I wanted to take a doctorate.” (Remember, she already had an MD from Belgium.) “He said I had to do the MPH first. I said I had taught all of that in Belgium and Rwanda. So he said I had to pass a comprehensive test to get into the doctoral program: 185 multiple choice questions. If I take it and fail it, I would be out. I took it and passed with flying colors.

Once I was in the doctoral program, they needed help in Narangwal, working with Carl (Taylor), Bill (Reinke) and Tim (Baker). I took the test in February and left in April for Narangwal...at last in North India again. I was there from 1968 to 1971. It was part of my doctoral program on nutrition and infection. It was my job to determine how we were going to follow over 800 kids weekly for their disease history and monthly for their growth...Less than a year after arrival I had also to take over the direction of field operations of the Population Project, where we were testing combinations of care, women's care with Family Planning, women's care with Comprehensive Child Care and FP. In both projects research instruments were decided on with JHU, but the development of the services and on the research side, the pretests and fine tuning as well as data collection and data entry and later analysis, were day-to-day my responsibility. This period has been a high point in the development of the family health concept out of which grew the primary health care concept and movement. Together we learned and innovated and built up the methodology that would raise the WHO slogan “Health for All by 2000”...It was a unique experience foreshadowing what

would be possible on a larger scale if and only if health policies were fair and sought efficacy and equity.

During vacations I would travel to New Delhi, to the Tibetan camp, to Dharamshala and Mussoorie, to Manali where there were Tibetan settlements. What did I accomplish for them? In Manali, with help from some of the monks, we gathered money for a Tibetan primary school. Mother and I bought the land, the community built the building and added a temple for good measure. We paid the teachers until my Tibetans in Europe took over.

In New Delhi in 1969 I had my attention drawn to a 12 year old Tibetan girl that had been pushed out of her school and her family as she had been pregnant and had aborted. Her name is Zompa. We pleaded with her parents and school for mercy. I offered help, but they could not hear. So we took her with us to Narangwal and were able to place her in an Indian boarding school in Mussoorie. Her parents insisted we also take their youngest son, Tenpa. We resisted; tried to simply help with educational costs, but after one year we yielded, and took him fully on and placed him in the same school. Both developed TB and were not getting the food supplements we paid for in the boarding school. So we sought to take them to Switzerland, which refused, but we managed to take them to a school in Austria. They regained their health and learned skiing, but academically the school was not very good, so we tried to move them to the USA where we had moved in 1972. Both were accepted in Oakland school, a good Quaker high school in Poughkeepsie, N. Y. We were able to let them first vacation in Switzerland. Zompa was going on 16. Her older sister found her a Tibetan husband and decided Zompa should marry. We had no legal rights, so we pointed out this would put her at a disadvantage, but they were adamant, so only Tenpa went to Oakland and later to Carlton College in Northfield, Minnesota...

Many years later he told me that the fear he had and the family had was that going to America was being lost totally to the family. And that, in America, people were so strange that they didn't even have families. I asked him how did they reproduce?.. but that had no answer. After Senior High School he wanted to do a masters degree and his academic record was so-so, but he was very good in art, drawing, sculpture, photography, cinematography...so I said, 'why don't you go in applied graphic arts, or even in arts?'...and he said, 'No, I can't do that because my Tibetan family will feel that is an insult.' So I said 'look boy; that is throwing away a gift.' What I did not say is that 'in other directions you are not so gifted.' I was unable to convince him. So I tried whether he could go for instruction in instructional technology at Towson University (Baltimore)...and he was good at it...which is basically developing teaching materials. He was good at it, but he didn't like it.

Then finally we settled on Adult Education and he went to the University of Manchester because at that time Adult Education was best there. He got his masters there and then started the whole struggle with where to work. He wanted to work in

Switzerland because his family was there. And I said, 'Adult Education in Switzerland...the only way I see the two meet is refugees.'" So he worked for the Red Cross for refugees there, and all the while protesting that he didn't want to have my kind of life, and he didn't want to be poor. And I said, 'I am not poor.' Later he worked in Yugoslavia and Iraq; by this time he doesn't mind to be poor like me. His home is in Switzerland."

In her talks with Marcia Reinke, Cecile tossed in the following vignette, almost as an afterthought. "We also revisited Adyar and managed to convince, after lots of debate, the Adyar Olcott School for Untouchables to add a sixth grade at our expense. This proposal had been made in 1963 and refused steadily. We succeed in 1971! So now there would be a reasonable chance that at least some kids could go on to High School" Just one of her little side projects.

THE HOPKINS ERA CONTINUED: US AND WEST AFRICA **1972-1982**

After leaving Narangwal, India, Cecile returned to the Johns Hopkins University to finish her doctorate in public health. She then went to Nigeria where she stayed until 1978. She worked for two organizations: The Ford Foundation as a Regional Program Advisor; and Johns Hopkins as coordinator for the Nigerian Hopkins Family Health Project.

The half-time Ford job potentially covered work in 25 West African countries, but was actually limited to Nigeria, Cameroon, Senegal, Gambia, Liberia, Sierra Leone, Guinea Conakry; Ghana, Togo, Benin and DR Congo and Congo, with less intensive work in Mali, Niger and Burkina Faso. Cecile recalls: "Work for Ford was basically looking for where there were good people with good innovative ideas for health service development or research, or teaching in the whole area of health, including family planning...and then help them develop the applications of their ideas. My major activities for Ford were in Nigeria and Benin, Cameroon, Ghana.

The Hopkins job involved working closely with Prof Ransome Kuti and his team on developing clinical protocols, teaching materials, developing a strategy to scale up the project. We started with one clinic and ended up with 5 clinics and from there we went national. Other Hopkins consultants would come and work with us all but I was a long term consultant together with Lynn Gilbert and Ann Bamisaye. Prof Ransome Kuti provided strong leadership and our moral and social orientations were so similar that we reinforced each other. My Narangwal experience gave us many of the necessary tools but they needed cultural adaptations even between Nigerian regions.

Subsequently some of the same materials were used in Benin and Guinea Conakry. These three African projects of family health were also trying ways of financing the care based on fees for care packages and were then through one of my ex students, Rudy Knippenberg, integrated in what became known as the Bamako initiative of UNICEF and WHO. These projects had flourished in the midst of governmental indifference to health care and total lack of support for it; they had had strong local committed leadership. Unfortunately once popularized through official channels as an approach it had a tendency to become a further reason for governments not to support health care and too often for personnel to hold patients to ransom.”

Cecile acquired two more children in Nigeria, a boy and a girl. (Let’s see: that brings us up to 16: twelve Tibetans from the Indian camp, plus Zompa and her brother, Tenpa). “The boy, Ekong (it means war) was born to my housekeeper during the war, literally out in the forest in a hole in the ground and after she had given birth to the child...the Nigerian army and the Biafran army found her and beat her up, accusing her of being a worthless prostitute. So she had the honor to be beaten up the day after the birth of her child. The child had been conceived from a rape. And so in that circumstance, she was the only one responsible for him and she barely scraped by until he was about five. Then she started working with us. She started working for us from day zero: literally, she was waiting for us and the day we arrived, said, ‘Can I work for you?’ In the first week we saw she had a little boy. So we started helping her (we means me and mother) and about two months after she started working with me, she and I found a child by the side of the road. We estimated about eighteen months old. Very ill with Kwashiorkor...it’s a severe protein deficiency and the child swells up and the skin feels soft like at their birth. The hair gets very thin and very discolored and the child looks lethargic. They either die very quickly or they recover very quickly.

So we took the little girl. We found her on the market day so we called her Arit, which means market. The big problem was no adoption was possible in Nigeria for a foreigner, much less an unmarried foreigner. So I conspired with one of my Nigerian friends to make a false birth certificate for her because no certificate, no school...and we all agreed to make it in the name of my housekeeper.

Those two kids she really loved greatly. She had married the first year we were together. After I left in 1978 the kids stayed with my housekeeper, Atim, and seemed quite happy, but her husband wrote me a letter saying. ‘You stop giving money for the children and give me money to buy a taxi; otherwise, I will kill the kids.’ So I called Professor Ransome-Kuti and told him I have a big problem. I read him the letter. We decided to send his assistant, Kayode Oyegbite, who had been my assistant before, and who knew the people concerned. So he went to the house, found the husband, found the wife and the kids, and told the husband, ‘If anything happens to the wife and kids I will denounce you to the police...and you are no longer welcome in this house. Get out.’ He divorced them on the spot!

The husband had a big accident shortly thereafter and everyone said it was God's punishment, which made him handicapped. He has died in the meantime. The kids were able to finish high school, went on to University: the boy for accounting and the girl for medicine. Now honestly, I don't know whether they had their diplomas because quite suddenly I lost contact with them at the time they should have had it. And I haven't been back to Nigeria. If I can physically go there maybe I can find out what happened. Also lost contact with their mother. I left Nigeria in 1978."

Before Cecile returned to Hopkins, her mother died in 1977 in Lagos, Nigeria. "She died from breast cancer (ductal carcinoma). She had the first symptoms in 1973. She chose to have a simple mastectomy done in Nigeria, as she knew that was all that would be available to a Nigerian woman. For the next five years we controlled it with estrogen and blood transfusions of people (some students and myself primed with BCG)...There are forms of breast cancer that are estrogen-sensitive, and actually can be controlled with it. Hers was estrogen-sensitive, and after five years, the secondaries came about in the lung and probably in the brain. But she was only three days in bed before she died."

Cecile followed her mother's burial requests. "Her very specific requests were, one, as cheap a burial as humanly possible, and two, no organized church there, or temple, or whatever form of organized religion, but prayers of all the religions. And no straight faces...no black clothing. She asked for herself that I put her in a peasant dress from Mexico (we went together there) which she loved very much. So it was a white cotton with very colorful flowers embroidered on it. So she was buried in Africa in the cemetery of Ikoyi, an island of Lagos.

I think we should describe her funeral because in many ways it was very, very special and most of the people who were there still talk about it. I managed among our friends – there were Jews; there were Muslims; there was a Hindu, and many Christians – so we had prayers by people from those beliefs, and I did the Buddhist one. And people still remember it as a joyful event, basically, of real togetherness, celebrating life in its diversity."

Cecile took her mother's death very hard. "My mom died July 22, 1977. She was very dear. And for almost a year, I had terrible trouble overcoming the loss. I would work normally from 9 to 5 and most people couldn't see the difference. But I would get home at 5 and start crying and be unable to do much except cry. And in the middle of this distress, I was teaching at the medical school. I met a medical student who was an orphan, on mother's side and grandmother's and aunty...the three women in his life had died. His name is Owolabi. He didn't trust his father or the 27 other wives his father

had. So he couldn't stay at home and he was a kind of homeless student. And my mom having died, we had three bedrooms. I said to him, 'Never mind, come and stay with me.' And we did that." (Adoptee #17)

The day of her mother's death, Cecile wrote a group letter..."Dear Friends, Mamsey had so many real friends that I regret I am unable to write to you each one individually. I hope you forgive.

This morning at 8:30 a.m. her body gave up the fight. She had been severely ill since about 6 June, 1977. She suffered from respiratory distress throughout and increasing weakness. She went through it with a clear mind and as soon as there was a little improvement she would tease, joke and show interest in everyone around her. Since 19 July she had increasingly long spells of semi-coma but would upon 'awakening' recall her 'dreams' and be teasing herself about them. She believed death was near but liked to accept our assurances that just maybe she would once more pull through. Her circulatory system gave up around 4 a.m. producing shock and she died after vomiting twice, once about 7 a.m. and once 8:30 a.m. This is not the death she would have wanted. She had always hoped she would die smiling, but the love, joy, thoughtfulness and courage that animated her throughout her long suffering are a unique treasure. Even during the final agony this morning she tried to protect the bed against the vomits and caressed me with an absolutely cold hand that had lost all power.

Over time she and I have become more and more agnostic. She has accepted death as the great Unknown and has avoided all philosophical or religious rationalization. But she also trusted that this Unknown cannot be senseless or cruel. She has not wanted any sadness around her departure. Let us rejoice that we all have had the privilege to know her.

There is a Peace that passes understanding. It abides in the hearts of those who live in the Eternal. There is a Power that renews all things. It lives and moves in those who know the Self as one.

That peace and that power beamed from her..."

About a year after her mother's death, Cecile returned to the faculty of Hopkins in Baltimore. Her professional life had been quite varied. Her religious life was probably even more diversified. She has fully participated in Jewish rituals, in Zoroastrian rites, in Muslim and Hindu prayers. She took the basic Buddhist vow to save creatures no matter what the obstacles would be. She feels enriched by all of these experiences and feels no conflict between them. She reviewed a good bit of her religious journey in her dictations to Marcia Reinke. One large influence came from her contacts with Owolabi, the man she had "adopted" during the period of acute grieving for her mother.

“...He was a Baptist. And he would ask me many questions about what I believed and what I thought (his father with 27 wives was an animist). He would say, ‘Oh, that’s Galatians.’ Or ‘that’s Romans.’ Or ‘That’s Ephesians.’ Mostly from the letters of St. Paul, but sometimes other parts of the Bible. I thought, ‘the man is pulling my leg here.’ So I took the Bible. I had a Jerusalem Bible, and I put it on the table, and I said, ‘don’t tell me this is this or that – show me.’ And most of the time he was right. So I started wondering, ‘now, wait a minute. I have considered myself rather a Buddhist realizing that in some important aspects I am different from other Buddhists I knew as most Buddhists are striving for harmlessness but are often very limited in fighting social ills or righting wrongs. I never considered myself a Christian, but...most of what I am saying belongs in the Christian faith. But I had been stoned as a child for not being a Christian...

My mother was a theosophist since 1928. I did get involved in Theosophy at age 17 in 1953 and together we backed out with a bang in 1972. Both my mother and I had been lecturing for them around the world wherever we went and our view of Theosophy was very open-ended, adhering to its first two objectives:

1. To form a nucleus of human brotherhood without distinction of race, caste, sex or religion
2. Comparative study of religion to foster understanding and identify important common teaching
3. Study of hidden powers in man

The third one we gave a humanistic interpretation rather than delighting in so called occultism or gnosticism. We were both also members of the Esoteric School of the Theosophical Society, but more about that later.

Then we came here to the U.S. and the president of the Theosophical Society of the US in a national conference says: ‘there are three declared objectives, and also undeclared objectives; the undeclared objectives are to spread belief in reincarnation and karma.’ Now, I was the first one to get up and say, ‘I’m sorry, but undeclared objectives, you can’t keep anybody to. And why are you putting this forward? Are you trying to develop a dogmatic church, or what?’ And my mother was the second one to get up and continue the same arguments. And even brought out that, from our experience in India, you can believe in reincarnation and karma and use it to oppress people. Karma is basically that for every action, there is a reaction, which I think none of us would disagree with. But in the way that this lady understood it, and popular Hinduism understands it, if something bad happens to you, it is because you are being punished for what you have done, not only in this life, but even preferentially in the last life or lives. Untouchables are thought to have done something terrible. And that’s why we didn’t want to touch it (the concept) with a ten foot pole. And I have said and I still

believe that reincarnation is probably true, but it is one of those truths that you can misuse to oppress. Why should I make it a point of believing it myself and asking others

to believe, if, by itself, it doesn't help to lead a better life? My Indian and Tibetan experience had taught me to be suspicious of logical beliefs that can serve to justify the ongoing suffering and injustice.

So we got into that argument and we were the only ones in the meeting in Chicago to speak up and the others looked at us as if we were out of our minds. So when we came out of that meeting my mother said, 'for me, this is it. I don't want to help create another dogma that is going to divide people. I believe in human brotherhood with no division.' And I felt very upset, too, so we both resigned. But we were members not only of the Theosophical Society but also the Esoteric School. In the Esoteric School people were held to a daily routine of meditation; were to be vegetarians; were to be people who didn't drink or use drugs; who were strictly monogamous and were supposed to develop spirituality. Well, we could hardly say no to the Theosophical Society and continue with the Esoteric School, so we resigned there, too. But we both continued to observe the vows.

It was supposedly a secret group, but it's one of those public secrets. So we resigned from both and then they wrote us a letter saying they were sorry we resigned. Could they know whether it was something they did; or something we did. My mom, even without consulting me, wrote back saying, 'don't worry; it is something we did.' I said, 'Oh, how can you do this? You stop them from realizing the real reason.' And she said she didn't want to talk to them any more. She died in 1977. I wrote them and said, 'she died today and I feel free to tell you the truth. It was not something we did; it was your dogmatism.'

After her death I felt broken. I had lost my lifelong companion and spiritual beacon. I started looking at Christianity and I started going to that Baptist Church in Lagos. I was probably voluntarily pretty blind to some things. I probably needed so much the feeling of fellowship; and needed so much to realize a companionship with Jesus, with the beyond, that I turned a blind eye to bigotry. I was baptized by immersion and felt I had reached a new state of ability to listen to the Voice, but taking with me all the wisdom I had gathered from different sources: Theosophy, Judaism, Buddhism, Hinduism, Zoroastrianism and Sikhism; fully accepting to follow Jesus and take up my cross.

By 1978 I had my first big conflict with the Baptists on two subjects. One was that I had recently been in Geneva and I had met with the Dalai Lama and they considered that backsliding and they asked me for a public confession. And the second subject, simultaneously, was that I had given a certificate to a sufferer of leprosy, that he was no longer infectious and could be a Sunday School teacher and they refused the man, saying he was still a leper, while medically he was innocuous. So we had one very bad Sunday of fight on those two issues. I did not get very worked up because I realized very quickly that they simply could not understand. But they got very worked up and it was almost as if with anger they could save my soul.

So I left the Baptist Church. And soon thereafter came back to Baltimore. And I had two of my friends, Kayode and Tolani Oyegbite, who lived with me. He was the son of a pastor of an Apostolic Church. It's a denomination that takes the Bible fairly literally. It has beautiful songs. It's an African church. These people who came with me were black, both of them. And my first inclination was to look for a black church, because they would be more comfortable. We went to black churches and to whatever black church we went, they were welcome, but I was not very welcome, so the three of us felt out of place. So the three of us then tried several white churches. And it was the opposite situation. I was getting pretty desperate and basically thinking I'd have to forget it, when I talked to Dennis Carlson (Hopkins colleague) and I said, 'Dennis, I don't know what to do...' And he said, 'Why don't you try my Presbyterian church?' And I said: 'Hold it. Presbyterian. Don't they believe in double predestination? You are fully predestined either to be doomed or to be saved.' Which, in my mind is an abomination. It's worse than reincarnation. So he said, 'My pastor doesn't believe in it either.' So I thought, 'okay, we'll give it a try.' So we went together to Maryland Presbyterian Church on Providence Road. And lo and behold: they were welcome; I was welcome. I felt very comfortable with the theology and they felt very comfortable with the music."

Cecile was in Baltimore from 1978 to 1982, teaching at Hopkins and living in her house near the Hopkins University campus. Along with her religious pilgrimage and her professional activities, Cecile continued her child-fostering. "I didn't adopt a kid while here but I acquired one kid who lived with me while I was here: Cati (Laing). She was an American. She is at this moment heading up an agency for Child Rights in South Africa. She married in South Africa. She has an MHSC from Hopkins. She had a BA in Anthropology. At that time, kind of estranged from her parents and in distress, but she has since reconciled with them. The way she left is also very dramatic. She was with me in Geneva. And I was the contact person for the UDF (United Democratic Front, an anti-apartheid movement). I was the contact person for human rights for people from South Africa. And one time at my home (they had often meetings of the central committee), they said 'the saddest thing is nobody is writing the history of our movement and if we ever get a real change of apartheid it is important that people understand how it worked.'

Now Cati had a degree in anthropology and a minor in history, so she had an interest in trying to do that. And right on the spot she promised that she would go for three months. When they had left, I said, 'Look, Cati, I'm not going to stop you from going, but you realize it's not for three months. Once you get there you will develop a commitment to the struggle and you will probably stay. Once more, there are a lot of attractive young men in that struggle and you will probably find your spouse. So it's not even for the duration of the struggle; it's probably forever. So as long as you are aware of that, it's okay with me.' Cati Laing. So she left; she found a husband there; seven

years they could not marry because they were classified as of different races. It is only in 1991 that they could marry. They used to change places every night and go separately to the place...she is part Indian and part white. When she was to leave, I asked the people in the resistance, 'what do we declare her as?' Because in South Africa you could not be part-part, you had to declare yourself one way or another. And they said, 'she is better protected as white.' So we declared her as white. Well, lo and behold, her husband is Indian. That little lie was paid for with seven years of suffering. She is still there. She is head of a child rights NGO in Durban. Family violence is a big problem and has always been in South Africa. In all the communities – in the white, Indian, black: big, big problem.”

Cecile taught at Hopkins until 1982, first as assistant professor, then associate professor. She taught established courses and created two of her own: Management of Primary Health Care and Evaluation of Primary Health Care. Dean Henderson was the hero of smallpox eradication, Carl Taylor was one of the main consultants to WHO and UNICEF on primary health care. The tension between the two approaches was visible to all students and the two men at my request debated the issues before the students. Both had chosen me as moderator of the debate which was videotaped. Carl defended a holistic approach to health, providing services for all the most frequent conditions. Dean Henderson said this was inefficient: better go disease by disease. I tried to let them admit that both approaches are valuable and there can be phasing of holistic services and proactive services for special diseases. Unfortunately both men felt I leaned more to the side of their opponent. The debate helped the students but made my position uneasy.

She described her stormy final time at Hopkins... “In late 1980 the then Minister of Health and Chief of Cabinet of South Africa negotiated with Dean Henderson that the school would give them two experts who would help them set up primary health care in the Homelands, and then, in return, they (South Africa) would pay full salary for those people. And Dean Henderson decided that I was to be one of those two, and maybe Carl (Taylor) the second one. So he set up the appointments. I discovered it at the last moment. I decided that I should have no part of this and was able to get Carl also not to meet with them.

Homelands is where the black people of a particular ethnic group were forced to reside – basically, black reserves. And they were frightfully over-populated so that people could not make a living there. By South Africa's own reckoning, they had about ten times too many people in each of these regions. So they became cheap labor. I did not want to go. I did not want to work with that because I considered that that was shoring up apartheid.

So the whole of 1981 was one long political drama at Hopkins where Dean Henderson tried to get me to resign, saying there were no rooms to teach; taking my secretary away. He was terribly angry, terribly angry. I think he saw it as a total flouting

of his authority. And I don't think he really reasoned about it politically. I don't think he was strongly pro-apartheid, but he didn't care. So long as money came in, it was okay. He probably even thought he had done me a favor by suggesting it...He didn't get after Carl much; I was an easier target."

Mary Anne Mercer, now Senior Lecturer in the University of Washington's International Health Program in the School of Public Health and Community Medicine and also Deputy Director of Health Alliance International, a nonprofit group that supports international health work in Africa and Asia knew Cecile during the latter part of Cecile's stay at Hopkins. Dr. Mercer has provided me with the following comments.

"I was at Hopkins as a student in 1980 and on when she was there. So let me just give you a few impressions of that time, from a student perspective. First of all, she related to students in a very collegial way, getting us involved in teaching and other aspects of her work in a way that was very valuable, particularly to those of us who were new in the academic setting. She had a lovely 'social' approach to her relationships – so when we got together there was food, and relaxed conversation, as well as work.

I remember the South Africa incident very clearly. Cecile didn't only get Carl Taylor involved in the protest against collusion with the apartheid government (in fact, I don't know much about her influence on him); but her approach was very influential on many of the students who were around that year. This conflict brought out with amazing clarity the need for us as public health workers to think about health in the big picture sense – not health care, but those basic conditions that allow people to be healthy or, as in the case of apartheid, condemn them to 3rd class lives and 3rd class health. She called a demonstration of faculty and students to protest the visit of the South African/Apartheid ministers, and we marched on the front steps of the School of Public Health with placards – clearly a major embarrassment to the dean. And an important lesson for those of us who went on to be concerned about public health and social justice as elements in the same scheme of things. It was a lesson I have not forgotten."

Seeing no future for herself at Hopkins, Cecile decided to leave. A call came from the World Council of Churches (WCC) saying, "we are looking for someone to be associate director of the Christian Medical Commission (CMC). Are you interested?" "And I thought; we all thought...because at that time so many students were close to me, because at that time I had no longer a secretary, so the students took turns working like a secretary for me. We ran almost like a little collective out on Monument Street. We shared food, for example. One person would bring the food for everybody one day and we had a rotation so nobody could get overburdened. That group of people, I talked it over with, for them it looked as if I should pursue Hopkins, and I told them, 'Look, one year of this kind of farce is tiring, but if this is going to go on and on and on, professionally I'm not going to keep up.' So, okay, everybody was convinced that I should look at something else and the CMC seemed to be a likely place because they had basically advocated Primary Health from even before the declaration by WHO (World

Health Organization) and we thought they were trying to get me so they would be technically strong, given that I was probably one of the most technically competent people. Later I discovered that was not true.”

PHASE III
WORLD COUNCIL OF CHURCHES (CHRISTIAN MEDICAL COMMISSION)
AFRICA, LATIN AMERICA, VIETNAM, THAILAND, GREECE, EGYPT
1982 – 1986

As you can see from the last sentence, false modesty is not one of Cecile’s besetting sins. The next four years were marked by her attempts to raise awareness, especially on the part of churches, about certain social ills resulting in ill health and death in which the churches should take a leading corrective role, and she did whatever it took to get the necessary attention.

Beginning in 1982 when Cecile left Maryland, I and others were in frequent correspondence with her. So in addition to the recollections dictated to Marcia Reinke, I have first letters, then faxes, and most recently, emails.

Upon arrival in Geneva, Cecile wrote her friends at Maryland Presbyterian Church an overview of the WCC headquarters. “Most of it (WCC) is a very plain modern office building. The two most striking things are, all of the offices have windows and almost everyone leaves their door open, even when in conference (except the management people!). Through the windows come ever-changing views of the lake and Alps (Mont Blanc) or the Jura. Through the doors walk people, wafts of conversations, press telexes and church telexes from the trouble spots in the world, as well as heaps of mail. This is not a market place but a cross between a communication center and a pilgrimage place of the distressed or their advocates. Most of the voices are authentic. Some are very loaded with anger. The chapel is a cross between protestant austerity and orthodox icons. The services have mostly as themes our unity in Christ, our inequity as part of human society and our misuse of faith and church. These are truly the major themes of the work although there is a search for a more complete life of faith.

In Western culture, unity/solidarity has almost always been the antithesis of the dominant uniqueness/individualism. WCC is almost entirely governed by the antithesis. It gives a special chance to see the effect of that on a fairly large human group. As far as I can see up ‘til now, there are mixed effects. It is also my chance to reflect more on the nature of the synthesis; how much compromise for survival?

It will take some more time (6-12 months!) before I start making sense of the cultural patterns I observe and my own reactions to them. So I am happy to say this modern antithetical tribe seems as much a puzzle as the pygmies of Zaire. Only I think it has in common with most cultures cited in Europe and in America that it is so convinced

of its own superiority that the amount of deviation tolerated is minimal. So the ‘support staff’ who have to be long-term to make the machinery work are de facto exempt from the most stringent expectations, while ‘the staff’ can be purged painlessly through the contract system.

Sounds crazy? But so seems most of human society if seen through a clown’s eye! Any saving grace in the craziness? Probably yes. In fact, yes! The place is wide open to the pain of the world. It listens. It acts with mercy and in the spirit of reconciliation. It acts with commitment, swiftly without tooting its own horn. In the need for action now, mistakes are made. But they tend to be inefficiency rather than callousness or inordinate delay.

What do I do? Well, that is almost a question without answer. I do not do anything without consulting the CMC team; at least sometimes. I also have to consult other groups within WCC. But the same is true...of everybody else. WCC clearly does not believe in the theory that some decisions are ‘better’ when made by individuals. I have to accumulate more observation to arrive at a mature judgment of how well this works as measured by the quality of the decisions and the faithfulness in their execution. But, as you probably can predict, it has taken and is taking a lot of self-discipline to give it an honest chance...”

From long distance, and from the following paragraph, it seems to me that Cecile eventually had to develop her own “job description.”

“The protestant hierarchy wants our advice on pharmaceutical supplies for their missions. So I will try to carry out a needs assessment by visiting about seven major missions around the country (Zaire). At the same time, I will explore the possibility of either helping the Kimbanguists independently or in conjunction. I have personally friends in the Catholic milieu in Zaire...So maybe, just maybe, the first informal bridges can be built between all Christian churches in Zaire. As churches have been used by colonial powers, and are still being used by the political powers, many artificial barriers exist. So the task will be long and arduous, but I feel it is within God’s will and therefore will be granted if I (we?) pray incessantly with groans of the spirit and sweat on the eyebrow.”

The WCC period is probably best understood through the several projects she undertook: Chernobyl/Bhopal; AIDS; and primary health care in West Africa.

“There was need to work on Chernobyl and Bhopal, big health issues but also big economic, social and political issues, and there seemed to be a lot of interest but no people with any special skills in that, except myself. So I got put in charge of these things...I researched what had happened, when, how, why. In Bhopal, for example, the major reason was sloppy planning, both of the day-to-day operation and what to do once there was a disaster. And once the disaster happened, the head of medical services was a

lawyer who only thought of liability, naturally. Instead of seeing how to best manage what had happened, he tried to make sure that he told everybody it didn't matter and there was no problem...I don't remember his name...We called them to the WCC: Union Carbide and the people who represented the victims. WHO was there, and I had written the background paper, but I had not signed it. I had written an anonymous background paper. The head of Union Carbide medical services started his speech by saying, 'how dare the World Council put out a paper written by a little intern?' At that time I was an associate professor still at Hopkins. So when he was finally finished, I stood up and I said, 'Sir, I'm the one who wrote it and your little intern is an Associate Professor.'" Cecile went to all the meetings trying to get people to talk to each other.

A second major piece of work during this period was research and education about AIDS. The World Health Organization had asked the World Council of Churches to take initiative in increasing awareness and sympathy among churches about AIDS, and Cecile worked on that task. "By 1983 the first rumors of AIDS started. I had quite a number of friends in WHO, including Dr. Assaad, who was then the head of viral infections, so it came under him. And he kept saying, 'I cannot move because none of the governments wants to talk about it, and I think they don't want to talk about it, because they are afraid of the reactions of the religious groups if they start talking about sex.' When this first came to light in the U.S. it was a "homosexual problem and a Haitian problem," and in Belgium it was an "African" problem.

The first five cases in California were really contacts of a homosexual host of Air Canada. In Belgium it was both people coming from Congo, Africans from Congo, and people who had lived in Congo who were Belgian doctors. One of them was a female doctor who came from Congo. It became relatively quickly obvious that it was sexually transmitted, that you did not need to be homosexual. For a while people believed Blacks had a greater propensity for it. That was the whole matter for Haitians and Africans. In fact, there is a proven case in Italy of a husband, wife and child which goes back to 1959 when a whole family died with immune deficiency; the mother, the father, and one of the children. People had kept the serum, and so in the '80s they were able to test it and it is HIV.

Now the father was a man working on commercial vessels that went to Africa, so people have argued either that he carried it to Africa or he carried it from Africa to Italy...People have talked about transmission from apes, but there is no good proof and the only proof we have that it is probably very old as an infection is that there is a variant of HIV, HIV2, which was predominant in the old Portuguese colonies. There is no reason why the Portuguese colonies would be different epidemiologically from the others, except if it stems from the colonial times.

Back in Geneva – 1983 – WHO asked the Christian Medical Commission to raise awareness among the churches about this. So we were three people in CMC who potentially could do it, but the two other people felt very unhappy about taking it, so I

took it. It was a big controversy and the other two probably felt a bit shaky because of the homosexual issue in churches, which proved to be a very big hot potato. The first conference we held in June, 1984, was so emotional, the chairperson got so upset, he had to run and vomit, and I replaced him with a second chairperson. After a while, he couldn't any more. Anger and accusations were being thrown forwards and backwards by church people, by people in general...saying that it was a scourge of the devil. The Africans accused the homosexuals we had there (we had invited them)... 'you brought that scourge in the world!' And some people were saying, 'okay, they will die, but it is for their sins.' It was absolutely awful and some people were saying, 'it is God's punishment; we should not interfere with Him.' At which point, I said, 'I'm sorry, but the God you are talking about is a God I don't know. Sounds to me like a drunken driver who aims for those who are promiscuous but just by the way hits those who are not, and the children.' It was not easy.

But finally, after about three days, they made a common declaration, which was good. It was the WCC, so we had representation of many different types of churches. Except the Roman Catholics, who were not officially present (but unofficially, they were present; note that Unitarians also are not members of WCC because of no belief in the Trinity).

Embedded in all this description of the AIDS struggle, Cecile throws in a theological vignette: "...Somebody asked me in the middle of all this, 'do you believe in the Trinity?'...I said to him, 'this is one item I have never thought about. Tell me in what way my life will be different if I make my mind up over this point. If you can tell me, then maybe I will think about it.'

As a result of the WCC AIDS declaration, several of the major denominations, the Presbyterians, the Methodists, the Episcopalians, really got going. It had influence. For one thing, I went to Kenya, at the National Council of Churches there. We debated HIV/AIDS and then I did a number of lectures around the country. And I came also to one workshop which was the National Council of Churches of the USA and Canada.

Some of them went into prevention...and not the Bush-type of prevention...actually talked both about abstinence and condoms in case you have sexual relations. They built it into their Sunday Schools, etc. Some went up to the point of providing fellowship and moral and financial support for families which were HIV positive and tried to keep the HIV positive ones in the community.

In the beginning, that was the biggest struggle. Sometimes they were willing to go for prevention; even for fellowship with the families. But we had to dramatize fellowship with the infected. For instance, I can't count the number of times that I was embraced by and embraced HIV positive (people) in public to show that there was no fear connected with it and to show that they needed it and that they shouldn't be left out in the cold..."

In August of 1986 the National Pastors' Conference of Kenya, 25 bishops and 1500 clergy, all male, closed. Cecile made presentations on AIDS. "...Still, I have rarely felt so inadequate and vulnerable, so I felt a burning need to continue to prepare my tongue and whole body to be sensitive, disciplined and difficult to arouse in anger. So I pray, do total active listening and a half-fast. Full fast is remarkably difficult when the only drink available is at meals and meals are in common. So I drink, take + or - 1000 calories, no protein or fat.

Yesterday for one hour I was badgered with Bible sections "proving" disease as curse of God, or sexual sins as total perdition. I argued humbly but with all the faith and passion in me; still it had cost me a lot not to thunder at the judgmental callousness as an Old Testament prophet. At 3 a.m., I woke up shrieking in my mind 'Lamb of God who takes away the sin of the world, forgive our hard heartedness.' For the next hour I could but put (forth) this shorthand prayer over and over."

Interesting that Cecile referred to prophets thundering! You may remember that I began this history with a quote from a novel by Franz Werfel about the prophet, Jeremiah. Indeed, I see quite a parallel between Cecile and Jeremiah. Of course, she would never have compared herself to Jeremiah, but I will. Once in a while, she has compared events in her life to events in Jesus's life. In her days with the nuns of St. Vincentius, one of her favorite prayer meditations was the way of the cross. In Kasai she acquired the name Mukengeshaye (suffering servant)."

Maybe it will help you see what I mean if I quote from the novel an instance when Jeremiah defied the king and the whole nation of Judah when he heard the voice of the Lord tell him to do so.

Midway in his prophetic career, Jeremiah was horrified by the murder of the prophet Urijah, an older prophet who had been Jeremiah's mentor and who had been calling the current king of Judah, Jehoiakim, to repentance. The murder was not only ordered by the King, but actually carried out by him. This form of execution was contrary to Jewish law, which required that the whole community share the burden of the execution, which was by stoning. But the king, himself, in front of a large crowd, slew Urijah with a broadsword. Jeremiah immediately got a huge earthenware pitcher, which he carried on his head and staggered with this heavy burden toward a gate of the Temple.

Werfel writes: "As he walked he turned slowly on his axis like a dancer, or a juggler at a fair, and by this strange action he succeeded in gathering more and more people round him. They began to laugh and scoff, for they thought he must be possessed, an amiable madman with whom they could have their joke..." Jeremiah invited the people to follow him, saying: "Ye kings, princes, priests, men, and women of this city, come with me that ye may see the deed and hear the word of the Lord!...The people were spellbound...Scarcely the fourth part of an hour had passed since the oldest and most

celebrated prophet of the age had been slaughtered..., and already another had arisen with foolhardy daring to proclaim the word of the Lord in terms that would certainly contain nothing flattering for the ear of Jehoiakim. It was as if the soul of the slain prophet had immediately changed its body that it might continue indestructibly to prophesy against the King. Such rashness made even the mob of Jerusalem breathless, fond as it was of violence. Even heroic warriors went to battle in armour and carrying shields, and they stood shoulder to shoulder in their hundreds. But where were the shields and armour of these solitary prophets, where were the hundreds of comrades standing with them shoulder to shoulder? Many a dulled and brutish soul began to have an inkling of the only form of courage that is of any value on the broad battlefield of the earth: the courage of the mind.

...Ten steps before the Gate of Potsherd Jeremiaah paused, and the people crowded behind him expectantly. He pressed his eyelids together and swayed as if he were about to collapse under the weight of the pitcher.

Suddenly his face darkened with raging anger. Raising the great vessel high above his head with a strength that seemed superhuman, he smashed it to a thousand fragments on the ground in front of the gate.

‘Thus saith the Lord of hosts!’ The words broke from him in a loud sobbing cry. ‘Even so will I break this people and this city as one breaketh a potter’s vessel that cannot be made whole again...’”

You don’t hear this kind of talk much these days: the positive approach is always stressed. We’re not supposed to put guilt trips on people. But maybe if you do something bad you should feel guilty; it might get you to reform. We may check in on Jeremiaah again a little later.

WCC participated in several international meetings during the period Cecile worked with the Christian Medical Commission. In most or all of these meetings Cecile was active. One of the meetings dealt with the Bhopal disaster and was held at WCC headquarters. An AIDS international and ecumenical consultation was held in June, 1986. During part of her WCC work Cecile was a consultant for the Bhopal/Chernobyl and AIDS projects directed by Dr. David L Gosling, originally a nuclear physicist prior to ordination and more recently Spalding Fellow in the University of Cambridge at Clare Hall. Dr. Gosling has graciously provided me with portions of a review of the WCC’s work on Chernobyl/Bhopal and AIDS that he wrote in 1992. I have selected certain portions to include in this biography because they aid in understanding the context of Cecile’s work and because they contain some pithy evaluative comments.

I begin with a section from Dr. Gosling’s letter accompanying the article he wrote.

“Although the WCC Central Committee unanimously endorsed our proposals, the General Secretariat tried to suppress what had happened. This was due to the director of Mission and Evangelism, Gene Stockwell, who went to the General Secretary and told him that if the news got out that we were not condemning homosexuality as sinful and deserving of God’s punishment, then all the US Evangelicals would withdraw their funding from the WCC. So the General Secretary, who had been taught at seminary by Stockwell’s father, gave in. (Stockwell, incidentally, was a great friend of Henry Kissenger.)

Cecile leaked the suppressed resolution in French via a Paris news agency and hence the world was able to hear what we had to say. Our message helped a lot of people.

It annoys me considerably that earlier this year the WCC published an ‘official’ ecumenical history which makes no mention of our work and attributes a statement made by Cecile to the WCC Executive. First they oppose us, then when they realize that we were right, they try to take the credit!” (See Dr. Gosling’s letter in Appendix I.)

The title of the article is “A New Earth.”

“On December 3rd 1984, the release of toxic gases from a Union Carbide plant at Bhopal in India killed an estimated 2500 people and maimed another 10,000 to 200,000. This was the worst ever industrial disaster.

The tragedy spoke for itself and no statement from the WCC in Geneva seemed necessary. But a year later some churches in India were concerned at the inadequacy of Union Carbide’s offer of compensation, while Union Carbide itself was looking for ways of re-establishing public confidence and in this mood approached the WCC to ask if it would provide a forum for a discussion of the ethical aspects of the disaster. At the same time the WCC received a request from a Bombay-based film team to show their film of the disaster ‘License to Kill.’ It was decided to show the film and invite Union Carbide and the Indian government representative to the UN to respond. The film was duly shown, but the Union Carbide delegate became so angry that he would not go onto the platform.

Shortly after the meeting WCC General Secretary Emilio Castro released the following statement:

On the anniversary of the Bhopal tragedy, we join people around the world in sorrow and recognize that commercially motivated development causes unacceptable loss of life and avoidable ill health. We believe that God calls us not only to care for the victims but to change our ways.

Trade unions, citizens’ associations and Asian churches remind us forcefully that on December 3, 1984, thousands died in Bhopal and tens of thousands are irretrievably handicapped. We remember their sufferings in our prayers. Although some of the victims have received minimal financial assistance and further compensation can be expected through the courts, much more needs

to be done to rehabilitate the community as a whole, and to prevent similar disasters occurring elsewhere in the future.

Recognizing the promises and the risks of the enormous resources available through the development of the chemical industry, we call upon all people of goodwill to urge governments and trans-national corporations to heed these voices of conscience.

The background to the disaster was researched by Cecile de Sweemer, a Belgian doctor and public health expert. Her recommendations were as follows:

- ‘(i) There is an urgent need to follow up the long-term effects of the tragedy. These include the rehabilitation of the community as a whole, and not just the giving of money and medical assistance to those who most appear to need it.
- (ii) Within the overall context of rehabilitation, priority should be given to women and children and to the creation of employment for handicapped people.
- (iii) On the basis of evidence at our disposal... we do not believe that the disaster was the result of sabotage; we maintain that Union Carbide must use a different method of chemical processing and a different safety design.
- (iv) In the future Union Carbide should try to cultivate a more positive relationship with unions and community groups, recognizing that they fulfill a positive role and assist communication.
- (v) In the future more information must be readily available to employees, physicians and to the local community.

...Rehabilitation means more than throwing money at people, or even money plus healthcare; it means ‘peace,’ the state of a healthy society. Physicians, people in general, must have right of access to information.

But the statement does not come down against technological development, or even commercially motivated development; it is the balancing of commercial gain against risk to human health and safety that is crucial. And although India possesses a fine record of environmental and health legislation, it does not have the infrastructure to maintain these in far-flung areas. Among the causes of the disaster for which the Government of India should take responsibility, we listed the licensing of the plant and choice of an urban site, the ignoring of warning signs, and the lack of information about safety procedures on the part of almost everybody from the police to the unions.

But underlying the causes of the Bhopal disaster is the fact that the commercial push for pesticides in developing countries is part of a series of linkages whereby unjust international structures increasingly force people and land to produce more and more cash crops for export to pay debts to bodies like the International Monetary Fund (IMF) and the World Bank...

The Chernobyl nuclear disaster in May 1986 received immediate attention from the WCC on account of the insistent, though muted concern of the Russian Orthodox

Church..” The WCC General Secretary issued a joint statement recommending closer regulation and inspection of nuclear reactors, sharing of information and the need to balance the risks of nuclear energy with its economic advantages. Not only the WCC, but Jewish and Muslim organizations emphasized the interdependence of the care of the environment, peace, justice, and the responsible use of technology.

The article reviews WCC’s AIDS work, in which Cecile was so active.

“AIDS came onto the ecumenical agenda because the World Health Organization (WHO) complained to the World Council of Churches that certain fundamentalist churches in the USA were blocking research grants for AIDS because they claimed that the disease was God’s judgment on homosexuals and therefore should be allowed to run its course. The US Episcopalians and Canadian Anglicans also approached the WCC to say that they would welcome a study of the disease and the best way for the churches to respond to it.

Early in 1986, the General Secretary asked Church and Society to brief him on the subject in time for the March WCC Executive in Zaire, where the disease had first been clearly identified, and was known to be passed on by heterosexual transmission. But when the first draft of a paper was presented by the director of Church and Society to the in-house Staff Executive in Geneva, the reaction was so hostile that it had to be withdrawn. Some members said that AIDS was essentially no different from other sexually transmitted diseases, such as herpes, others that it was a disease of choice. A member of the Communications Department became so tongue-tied at the prospect of even mentioning the word ‘homosexual,’ that he said ‘heterosexual’ instead!

The General Secretary raised the issue in his opening remarks at the Zaire Executive, and it was agreed that the three sub-units on Church and Society, Education and the Christian Medical Commission would undertake a joint consultation as soon as possible. The consultation took place in June 1986 at Cartigny in Switzerland and was attended by eminent international medical experts, including Biel Kapita from Zaire and Courtney Bartholomew from Barbados, both of whom had just completed a WHO consultation on the same subject in Paris. Three continents were represented, and almost all the participants had been in close contact with the disease. Tom Tull, founder of the Parsonage in California, was HIV positive. There were two Roman Catholic participants: James McManus, who had worked with HIV drug abusers in Scotland, and Kevin Gordon a distinguished theologian and ethicist from New York, who has since died.

In his opening address the General Secretary challenged the view that AIDS is in any sense a punishment from God:

AIDS is a disease and should be treated as such. God, who loves all human beings, cares for the wellbeing and health of every one of his children and does not inflict any disease as a punishment.

The final consultation statement, which emerged from a painful and often deeply emotive encounter between conflicting 'evangelical' and 'liberal' viewpoints, called upon the Church to be the healing community. It must express its solidarity with people with AIDS through pastoral and social care and the protection of their rights, and should cooperate with other groups in educating the public in preventing transmission of the disease...

The AIDS crisis challenges us profoundly to be the Church in deed and in truth: *to be the Church as a healing community*. AIDS is heartbreaking and challenges the churches to break their own hearts, to repent of inactivity and of rigid moral attitudes. Since AIDS cuts across race, class, gender, age, sexual orientation and sexual expression, it challenges our fears and exclusions. The healing community itself will need to be healed by the forgiveness of Christ.

Since AIDS is a global epidemic, effective action by churches and individual Christians must extend not only to the AIDS neighbour closest at hand, but also through effective global collaboration to the stranger on the farthest side of the world...

The January 1987 meeting of the WCC Central Committee passed a recommendation urging the churches 'to make known the seriousness of the problem of AIDS and to take every opportunity to cooperate with one another and with medical, social and educational agencies and the mass media in appropriate educational programmes.' But in spite of a unanimous vote in its favour preceded by a powerful plea from Kevin Gordon that the Committee reject a 'narrow tit-for-tat God who sends AIDS as an act of divine retribution,' none of the WCC's official communications channels made any reference at that time to the vote...

Opposition to the sub-unit's advocacy of education for prevention came mainly from North American conservatives, the Romanian Orthodox and sections of the WCC Geneva staff, and there were some hostile press reactions...

But in spite of ... bizarre attempts to discredit the sub-unit's work there were some warm tributes, of which one of the most eloquent – and, as it turned out, ironically prophetic – came from R. P. Bernard, the epidemiologist who lost his job in a celebrated though also tragic incident at the Swiss ski resort of Zermatt where he had maintained, against the wishes of the local mayor, that the town's water supply was polluted. He wrote as follows: ...

'In reading carefully *AIDS and the Church* by Church and Society I have come to admire the courage and frankness of the mixed working group of the WHO, and Protestant and Catholic Churches representatives, in trying to evolve a consensus for the churches' guidance and leadership to combat and cope with AIDS, especially in its moral and social dimensions.

Kevin Gordon's closing sentence in the Central Committee summing up on AIDS should be pondered by all churches: AIDS may in the long run judge the churches is the key statement in the 1987 Central Committee debate.

I am convinced now with Kevin Gordon that this challenge is the acid test for all churches at the end of the second millennium after Jesus Christ. *Oikoumene* now assumes new dimensions and not much time remains to achieve a painful consensus."

But now, back to Cecile. While she, Cati and the cats were in Geneva, "One of the most striking episodes was an unplanned visit by ten Angolans: seven children between 1 – 11 years old, their mama, grandmama, and an auntie. Lightly dressed (almost in rags for the children) they arrived at WCC one Sunday in December 1982 fresh from Africa, wanting help for medical problems. The situation seemed right out of the theater of the absurd. WCC has no Sunday activities and so seemed totally unable to even extend any gesture for the next 24 hours. Cati and I housed them in our three bedroom apartment for two weeks until all medical problems had been tackled. They spoke only Kikongo and Portuguese. Between Cati and me, we mostly understood Portuguese but expressing answers was more difficult. We had a daily clinic at home and tried to maintain a true family. People were too frightened and confused to open up, but we were able to provide creature comforts and some indications on how to approach other Europeans.

But while consumer goods and sweets were very attractive and juices were consumed by the gallons, people clearly could not yet be trusted. Effect of chronic deprivation and competition? Of the chronic war? Of this particular family's subculture? We will never know. Unstoppable collective beatings taught me never to complain about any lack of discipline. It is very difficult to look at seven consecutive beatings and humiliations in response to one problem; I wanted to scream to stop, but knew that that would not improve anything. So instead, I prayed for God's forgiveness and His healing touch on the sore bodies and souls.

In medical care alone, the family cost about Swiss francs 7000 total! Enough for basic health care for about 3000 people a year, saving about 7 – 10 lives! Food came to about SF 100 a day or another 1500! This is about four persons' yearly income! Economically not a very brilliant relief operation. But the two alternatives were: wash our hands of the situation, with probably two or more deaths (two youngest); or send them back immediately with likely the same result. Maybe also our open house and hearts have awakened a memory of God's love. Maybe..."

Now here comes adoptee #18. Of course, we aren't counting the Angolans, since they lived with Cecile only two weeks. Cecile herself wrote that she didn't consider a term of much less than a year living with her to constitute adoption/fostering.

We will call her Sandy. That is not her real name. “Another person who came to me during that same period was Sandy. She is Ethiopian; her story at the time wasn’t hilarious, but when we tell it, it is hilarious.

I got a phone call from a Baltimorean friend saying that she had an Ethiopian girl who was in grave danger and that girl had to be taken out of Ethiopia as soon as we could. My friend was in Baltimore, working with refugee relocation, and had lived many years in Ethiopia. ‘...Could I please do what I had done for others and invite her to come?’ And I said, ‘look, I am in the middle of many international activities and I’m in no shape to follow a young person who needs a close follow up...because she was going to come fresh from Ethiopia and I could foresee lots of problems for her and it wasn’t fair to put that on Cati or Tenpa, so please try to find someone else...’ ‘Oh, we can’t find anybody else...and we assure you she can come to the U.S. The family has done all the steps.’ Then I got a call from her uncle, which I didn’t know very well, but I had met him in the church (in Maryland) and he confirmed that he had done all the steps and he could take her within 24 hours...He gave me a long history about her father being killed by the army; that she is a very good student but was not admitted to the University; and she is afraid she will forcibly be enlisted in the army; and if she refuses she might be executed.

So I write the letter for the girl, to the Swiss authorities, saying I wish to invite her and I will be financially responsible for her. I sent her a copy of that letter. She gets her visa. She arrives three days before I have to go to Vietnam (1984). And when she arrives, I have invited another Ethiopian friend to be with us because I suspected that maybe there would be complications. And if you have only three days, it will be hard to play around...

Turns out her father died ten years ago from liver cancer. She is not a good student. She never even applied to the University and there was no threat on her life. So the whole thing was a story, nothing more. So I called the uncle and avoided telling him that his story is a total lie. I say, ‘okay, she is here. When can you take her?’ And he says, ‘I can’t.’ ‘Why can’t you?’ ‘We don’t have the money. We cannot present the guarantee to the U.S.’

I was so angry...so angry. I just dumped the telephone on him.....So I realized it was a lie all over the place. I was so angry I barely could speak. But then I felt, ‘stop it; calm down. She is probably as much a victim as I am.’ So I went back to her and I said, ‘I’m sorry; your uncle cannot take you. I have made it very clear from the beginning that these are not ideal circumstances, but I’m not going to send you back. I give you two years. In those years, you learn as much as you can. And in those two years, you should be able to learn...at least French or English well enough so that you can find work.’ She was 19 years old.

She stayed in the apartment...with Cati and Tenpa, while I went off to Vietnam. Tenpa taught her the way to school. And we had many, many mishaps with her. The first one was when I came back from Vietnam, after three months. She started saying, 'I'm not feeling well.' And I didn't know whether it was simply a cold or something...Then she started saying, 'I'm dying.' And I thought, 'what's up, because she didn't look ill and certainly did not look like she was dying.' So I asked her, 'could you be pregnant?' Because in Africa, if a woman is pregnant and she is afraid of what that's going to mean, they talk about illness. 'No, no, no.' So I thought, 'I don't trust her.' So I gave her what was at that time the equivalent of \$80 and took her with me by train and bus. I pointed to where the clinic was – near the bus, and I said, 'here, you have my phone number. When you are finished, please call me.' And I waited until 4 p.m., and no call. I started calling all the people I knew she knew and everybody said, 'no, she is not here.' Finally, I called the man who had been my interpreter and he said, 'yes, I have seen her.' And I said, 'do you have a way of talking to her? She has to come home.' Next morning she stood there, at our apartment. 'Oh, well, I was with friends.' Comes in the house talking again about dying. 'But where is the report of the doctor.' 'Oh, I didn't go.' 'Okay, where is the money?' 'I don't have it.'

One part of me hurried forth to a hypothesis of 'what was going on' and one part of me was angry and saying 'to hell with it. She can rest here. I will go and work and we can see afterwards.' So I go to my office. And at 9 a.m. she calls me and says, 'Mummy, I'm dying.' I called a friend who lives nearby and asked, 'please go to my home and see her. She keeps saying that she is dying.' So the lady goes. High fever, 102 and something. She calls me. I said, 'Oh my god, I think it is an abortion.' She said, 'I asked her and she said no.' And I said, 'I'm sorry, but I still think it's an abortion. Take her in your car straight to the hospital and I'll come from my office straight to the hospital.' So we took her straight to the hospital. It was an abortion; perforated uterus; peritonitis.

We battled for eight weeks for her life. She had gone to some back street abortionist. (Abortion was legal in Geneva, but she didn't go that route.) Anyway, she was better after eight weeks and she did learn French and English. She is now a secretary with the UN in Geneva. She lived with us for two years and then we told her to get a job. But instead, she found a husband in a very special way. One night at a party, she announced she wanted a husband and there were immediately ten candidates. She was very beautiful. She chose the husband by asking how much salary each made and she chose a banker. Not much contact with her at present."

Shortly after her departure from Baltimore and after taking up residence in Geneva, Cecile traveled for WCC in Africa, the third phase of her work for WCC. In a letter in November 1982 to the then pastor, Dr. David Pedersen, of Maryland Presbyterian Church she described her impressions of conditions and of mission work in Zaire, and other African countries. Most of this letter is included in the appendix.

One particularly significant, largely spiritual, event involved the Kimbanguist Church in the Congo. The Kimbangists are an indigenous sect founded by their prophet, Simon Kimbangu. Trained in Baptist evangelism, Kimbangu began preaching in 1928 in the Congo. He was apparently very magnetic; his thesis was that the people don't need white intermediaries to reach God, but can do it themselves. His charisma drew a large following. The movement came into conflict with the authorities with, according to Cecile, the tacit support of the authorities by some of the other denominations. Kimbangu was arrested and with 30,000 of his followers was incarcerated in a type of concentration camp. Twenty-five years later 3000 survived. In 1958 Kimbangu died in the camp. Cecile has talked with some of the survivors.

Cecile writes: "The Kimbanguists seem to run their own disciplinary system. Public confession exists for grave transgressions and is followed by an indeterminate period of penitential 'sitting apart' until the person is thought to have fully repented. Even private confession to a pastor involves an indeterminate period of literally sitting separately until one has fully repented. There seems to be no beating or brutalizing. Voices are rarely lifted."

Cecile visited Kimbangu's birthplace, Nkhamba, which contained a huge temple in a very small, poor village.

On November 7, 1982 she attended a Kimbanguist Sunday worship service in an outdoor stadium in a suburb of Kinshasa, attended by 25,000 people. She had requested five minutes to speak during the service. She writes: "In African fashion I kneeled while addressing the assembled people and waited kneeling for the response of their 'chief spiritual,' Simon's youngest son." Her prayer and his response were later broadcast on the national radio. "His response came after about two minutes of silence spent in prayer; it was gracious and clear, recognizing the reality of our (my) guilt, emphasizing our common need and assurance of God's forgiveness, offering his community's forgiveness as all had been moved by the reality of my repentance, assuring they would continue to pray for the true reconciliation of all. At the end he lifted me from the kneeling position and led me part way back to my seat..."

Cecile's prayer was delivered in French. Here is a translation made by her into English.

"Almighty God
Creator of Heaven and Earth,

We praise You and give grace to You for the Lord Jesus Christ who through His life, His death and His resurrection has brought the message that You are the protector of the poor and of the forgotten, that You are our parent full of love who desires to accept and to welcome us, Your lost children.

God, our Father, we praise You and give You grace for Your prophets whom You sent at all times to all people, for Your guides who remind us that Your love supports us and nourishes us, for Your messengers, who call us to listen to Your eternal commandments in the light of the situation here and now, who call us to repent of our mistakes of commission and omission, who call us to accept Your discipline and call us to pray through our lives in community that Your Kingdom come on earth.

God, our Father, we praise You and give grace for the life of Your prophet Simon Kimbangu for the witness he brought through his life and through the life of sacrifice of his family, and his people. Lord, bless the African people that they may be witnesses to Your thirst for justice between people and between societies and may witness Your presence in the history of people and Your love and Your forgiveness.

God, before Your assembled people here, You ask that I confess. I ask the forgiveness of Your people for myself, for the Belgian people, for all our brothers and sisters in the rich countries as well as for the elites of the third world that are exploiters under colonization. In the past, in our name but also in the name of Your religion, injustices were committed which have formed the rotten foundation of our wealth. At present, injustices of the international trade and economic and political injustices within each country struggling to develop are still committed in our name.

Lord, before Your people, I repent. I thirst for their forgiveness of myself. I thirst for their forgiveness for all those that have sinned against the people. Strengthen my faith, Lord, that I may accept Your discipline from the hands of Your people, that I may hold myself in the promise of Your pardon.

I beg Your people to pray that all repent and seek your pardon, Your discipline, Your love, to pray that Your Kingdom come in the whole world.”

Through much of the time that she worked for WCC, Cecile was also “moonlighting” with an after-hours job for the South African anti-apartheid network. She also took in, at least temporarily, two other youths, Pat Naidoo (#19) and his future wife Renuka (#20), both grown-ups. She writes: “Received a message from South Africa from Prof. Jerry Coovadia. Since 1983 I had also served as a human rights contact for the anti-apartheid’s network of the United Democratic Front (UDF). Jerry was one of the contacts in Natal. He said he was sending a son by Swiss Air – get him. It was not an oversight that he was not specific. So I went to the airport. I had no names. So I just put up a sign with my name, Cecile. Many came off the plane and finally I saw a very tall, Handsome, black-bearded man, and I said to myself: ‘that’s him, or else he is an ayatollah from Iran.’ And it was. His name was Pat Naidoo. He had been a student leader in South Africa and he had been named to the hit list, so he had to escape.

He came to live with me, too. He had been in his last year of medical school in Natal, but the schools in the U. S. and Europe don’t trust these schools and he couldn’t get in anywhere to finish up. He kept himself busy by giving anti-apartheid lectures all over Europe and we wrote a major study on the role of health professionals in human

rights in South Africa. Then, when he couldn't get into a school, I told him to apply to Hopkins for an MPH, because he didn't need a medical degree for that and when he finished Hopkins, he would be able to get into a medical school. And that's what he did. He went to Hopkins for his MPH and then he went to the University of Glasgow and later he did his DrPH at Yale.

Renuka joined us just before he would go to Hopkins. She had escaped to Zambia and lived for a while in an ANC camp and we were able to get her a scholarship for the University of Manchester to study Adult Education.

He works currently in Nairobi, Kenya. Now, he is with the Rockefeller Foundation as Deputy Coordinator for Equity in Health Research. Most of his projects are in Africa. He is also a black belt in karate. She coordinates a major World Bank project of Reform of Education in Uganda. He commutes on weekends to Kampal, where they both maintain a big house with many adoptive family members

My Geneva time was a very busy period. Worked from 9-5 for CMC and then did all the human rights work at night. Heard (telephone, DHL or telex) from South Africa, for instance, who/how people were being arrested and channeled the information to official channels, via the WCC journalists, such as Amnesty International, Lawyers for Human Rights, Kairos...as well as Reuters and other press agencies and the story would have to get there within 24 hours or it would be stale. The general secretary of WCC knew I was doing this and he agreed I should continue, but it consumed a lot of time. Cati and Tenpa helped, and Pat helped. During 1984, we sometimes had as many as 14 cases a night...people who had been arrested and tortured in South Africa...and what the torture was and where they were...Sometimes after reading about the awful tortures of someone I knew, I would go and vomit. I spent \$18,000 on telephone calls during this period, late 1983-1986."

Cecile's involvement with apartheid began much earlier than her employment with the World Council of Churches. In the midst of her anti-apartheid work, she wrote about what the anti-apartheid work she did meant to her. Remember that the following was written during the early 1980's, long before the liberation of South Africa.

"From 1979 to 1982 I was involved in the training of ANC medical planners, and therefore debated with them for 18 months fundamental questions of what PHC strategy was applicable before and after liberation. Almost as long ago, but independent from these activities I became acquainted and then involved with colleagues who were on the inside puzzling about the same questions. On my last travel I gave a public speech and had several working sessions on this same subject with Namda (the anti-apartheid medical association).

You will remember that, during 1981-82 at JHU we had a year-long controversy on the dean's desire to collaborate with the Pretoria regime. I was often the spokesperson

for the opposing faculty and earned, in return, his ire. So I chose to leave for CMC, fully informing them of the conflict and my ongoing links in South Africa.

The sharing with colleagues has over the years given them a feeling that I am a 'partner' but it has also involved us in shared spiritual, professional, political and familial (aspects) that have created sibling bonds. Our commitments have led sometimes to daily sharing for weeks in a row...such as during the Durban consulate crisis and during the present treason trial. Bill (Reinke) has directly observed and participated in some of it. I have been nurtured by the exceptional courage of many and I have trembled at our human weakness.

I have visited thrice since 1979, stretching my contacts into the different communities, townships, squatter communities and black spots. I have written medical certificates and helped to establish testimonies on the children and adolescents killed or maimed by the police and army. I have shared in the gallows humour of the most resilient. I have cried and prayed with those who were broken. I have held hands with those who were only left with groans of the spirit. The South Africa I know is in terrible travail, now even worse than in the beginning of the year. It is a South Africa where the few who have patiently led the struggle at great personal expense, are either under house arrest, in jail, or busy to defend the first two categories; where all are tired, not to say totally exhausted, after about a ten month marathon of hope and terror. It is a South Africa that needs more than symbolic protests or even disinvestment and strikes. She needs more 'politics of action' that nurture and emancipate people through community based social development. She needs more persons who dare to love both people and justice, and who devote time to 'black spots,' squatter camps, resettlement areas and townships.

Because of my unique history I could play a role in this. Over the recent two months, it has become more and more clear to me that there might be a way, if I am willing. At the same time, a lot of pressure has been exercised by some here to abandon this idea, even to effectively cut off my pastoral role towards inside partners. I wish I could transmit the sense of urgency and sadness my partners have expressed at the possibility that I might no longer be readily accessible to them. I have on the other hand no illusion that I can fulfill all the expectations they have of me. I have agonized and prayed over this. I have come to accept that their hearts and mine are responding to the rich blessing of our relationship that has far exceeded our expectations or even understanding. I have grown in the conviction that we have already responded to a call to take up the cross together, and that my present willingness to be a much more vulnerable partner is a celebration of our common pilgrimage of love."

Cecile wrote another kind of evaluation of the South African situation from Geneva in 1985, in which letter she also reviewed her work for WCC and her household situation.

“Thinking about a meaningful way to encapsulate them (the year’s events), I chuckled about saying it all comes down to ‘Hey, man...what do you think about that?’ The phrase was first used to me by a young South African lawyer, just released from a high security prison where he spent five years for refusing to testify against his own client. He said it almost with triumph and a little swagger and a broad sway of the arms. I heard it last yesterday, when talking with another South African lawyer, a friend who dresses in three-piece suits for court and has been trained to say with conviction, ‘I pray your lordship to grant...’ The same triumph in the voice, the same swagger and joy. Its full meaning suddenly hit me. It’s like a clarion call, not just announcing they are alive, determined to be free even if carrying shackles, but announcing their joy at it and inviting to do the same – be ‘man’ and think. No more lord and ladies, bosses, boys and girls, only men, men who are invited to think.

One can summarize the struggle in South Africa as the government and its allies saying ‘Come on, boys, be nice; father knows best. You unruly boys; I have to punish you. Let no one interfere with my parental discipline. It may be harsh but never unnecessarily so. I accept the white man’s burden. You should submit to the rod.’ And all our friends with a swagger in the voice reply, ‘Hey, man! What do you think?’ In the process of trying to convince them they are not men, at best boys, they have been beaten, tortured, imprisoned; some have been killed. Many of those that have been killed are young and barely learned to say ‘Hey, man!’ without hesitation, but some were veterans, like Victoria Mxenge and Martin Goniwe. The strength of their call lives on: ‘Hey, man! Think.’

(For those of us worried about sexist implications, man originally means someone with a soul, and has no gender implications.)

As most of you know, I have continued to channel human rights information from South Africa to most of the more important human rights groups. It continues to be an arduous task. I only hope that through the horror stories one still hears the victim say with his life, ‘Hey, man!’ and one responds with a joy of recognition rather than a stream of pity.

In the World Council of Churches, my history this year has been psychedelic, an almost direct reflection of the many forces at work that either seek to please the world, or pursue the expression of our commitment and faith. I will stay here latest to August, 1986. For the time being I am with Church and Society and with Family Education, working with two very good friends David Gosling and Masamba ma Mpolo. My assignments are fascinating and permit real creativity and faithfulness. Hey, man! What do you think? I was particularly happy with the study of the disaster in Bhopal and what WCC could say to it, and the more generalized study on Work, Technology and the Environment. I continue to work on AIDS and the ethical aspects of its treatment and prevention and I can feel that, too, might in the end, rate very high on my favourite memories. My happiness with all of this sometimes seemed almost adolescent. My

sadness at some of the backlash cannot but be informed by my own and my family's experience with the ubiquity of oppressive tendencies. Hey, man! Just think! What after this? Maybe God knows; I don't. I refuse to worry about the future. Let it be His headache rather than mine.

Tenpa has been present and active in Geneva in 1985. He is seeking what, in his own context 'Hey, man think!' really calls up as forces. Still somewhat hesitant, as it frightens the Tibetan family that he might be rebellious in their context, rather than accepting to become son-in-law to a 'noble' family and so start moving with Lords and Ladies and receive some of their glory vicariously. To be 'someone' is important to everyone. Hey, man! Think!

Sandy is taking the first Cambridge level for English and French, as well as taking typing tests. All her thinking and feeling is absorbed by her relationship to a charming young Ethiopian which she hopes to marry soon and by her studies. She is starting very timidly to explore items of social concern. But her world is inhabited by the dream to be a lady. No swagger for her – yet.

We had for a few brief weeks the presence of Cati this year. Impish as ever, with a loving touch. Since she left, we have not heard, but indirect evidence seems to indicate that she is all right. She is trying to build up a community-based health service in Transkei. No mean task, which, for many reasons, may wholly absorb her.

Our two cats, Mampussy and Hanuman, do well. She is now 16 years old (almost) but under the influence of the young rascal, she is running around and playing. He is almost two and loves to join our debates with well-articulated and modulated miaus. The swagger is there, also the joy. A pity we do not understand the drift of the argument, but it would seem, 'Hey, me too, a critter of God. Love to love and love to join...' After all, it was his powerful shout of indignation when he was under the immediate threat of a man's boot that attracted Cati who subsequently was able to save his life.

We send you our very best hearty greetings and very best wishes for 1986. Hey, man! Think! In his love, Cecile"

During 1984 two of the trips made by Cecile for WCC were to Greece and Vietnam. Of Greece, she wrote: "In Greece I was supposed to be working on a Greek Orthodox project for health education or primary health care in Karpenesi or the whole province of Evritania. It is about 775 km squared and an estimated population of less than 18,000. It is also known as the Switzerland of Greece, as it has the highest mountains of the Pindos Oros going up to about 3000 m. The landscapes are very beautiful and rugged, but they seem somehow sad and inhospitable. One sees almost no wildlife, even though there are good forests and the human population is very sparse by European standards. Contributing to the impression of inhospitality is the lack of good

roads, so every travel becomes a major struggle in four wheel cars or the few public buses whose carcasses are visible everywhere.

Evritania has as capital Karpenesi which has about 8000 population. Karpenesi is on the only tarred road, and is situated at the extreme southeast of the province. Until three years ago there was only 100 km of roads that led into the province, so almost all transport was on foot or on a mule. Now there is 500 km mostly dirt roads, much of it at the mercy of snow and rain, which regularly destroys the road enough to stop traffic. When we wanted to attempt to visit six villages near Karpenesi, we had to make detour of 50 km into a neighboring province to reach it, as the direct road had unexpectedly and unbeknown to us been covered with snowdrifts. There was hope they might be cleaned up after a few days, we were told.

I had been told this was the poorest province with an average per capita income of no more than 1000 dollars per year. I had been told there had been heavy out migration diminishing the population from a high in the 1950s of about 60,000 people to now maybe 18,000. Still, I was unprepared for the reality. The first village we stopped at had only 60 people left of originally about 500. All but two people were over 50 years old. Many houses only contained an older woman with some cats or dogs as companions. Last year four people had died; no one had been born. People await their own death and that of their community and can only hope they will not be the last one left. Of the four that had died, two died alone and were later found dead by neighbours. Almost no one seems to trust the medical services in the hospital of Karpenesi and getting there is a major undertaking. This village had one lovely-looking church, but no priest except one that visits off and on. He has the key to the sanctuary. Social life? Men seem all day gathered in the one bar and on the village square. Women stay in their houses or gather in small groups, knitting while chatting or doing other household tasks, or they just stay indoors, alone.

Village after village had similar stories. Men would talk with resignation and irony. Women would talk with more passion about their suffering. Finally, a story started unfolding of people chased out of their villages in the forties by the struggle between the Germans and the partisans; of their descending in the plains and not even being given the right to drink from the wells; of their hiring themselves for bare subsistence. An old woman put it as, 'Now we, at least, can afford shoes.' She proudly showed off very cheap plastic shoes, of heavy black rubber-look. Then under the junta the people were harassed and persecuted for their supposed leftist leaning and sheep and cattle-raising were forbidden. This was the basis of their economy, and the exodus accelerated. Only the old, handicapped and stupid were left behind, with a smattering of small businessmen who could serve those who remained, and spinsters who tried to make it on their own.

So when the socialist government came on, the policy on sheep and cattle was reversed, but the news has never yet reached Karpenesi. It took my talking with the

Secretary General of the Ministry of Agriculture in Athens to learn of the change in policy.

Can Evritania still be helped? My real counterparts were a group of young scientists, some from the region and some not, who have started a development corporation for Evritania. They have, in the last three years, developed a ski resort. They have started a timber cooperative and fish cultivation. If all their plans succeed, about 500 jobs will be created in the next five years. Can they reverse the flow? Will those who come back for the jobs form a coherent community with those who stayed? Even under the best of scenarios, many communities are doomed to die in the next decade, after having become hospices nestled on almost inaccessible mountain crests. I cried and prayed for the needless suffering inflicted, for the suffering still to come.

I do not know that anyone in the whole world has ever tried to organize primary health care in a situation where more than 80% of the population is over 60 years and where the average age is bound to worsen year by year, where the crude death rate is bound to accelerate to 10% even 20%, where the social fabric has been destroyed; where the church will increasingly be represented by closed buildings that protect precious icons...

I had long, soul-searching dialogues with the assistant bishop (who is originally from the region and came back after educating his children in Athens) and the bishop. I proposed the churches as locations to be guarded by a local guardian or even better, a local committee. I suggested lay mutual support groups to be started by the priests. I suggested these groups could address health of the whole person, including prayer, fitness exercises, and instructions, emotional support.

The first reaction was a nervous giggle. I will probably never know whether my ideas seemed so far out, or it was because I, as a woman, dared to advise on church matters, or they not only felt inadequate (who wouldn't?) but have not learnt that, even so, we should and can try while praying for guidance. So I went back over my belief that further decline of many of these communities is unavoidable, that there is more and more suffering to come, more and more hopelessness, that our witness should bring hope even here, that we cannot do it through old methods and hierarchies. There is clearly great hesitation to emancipate the lay people in a hurry. I do not know what will win out, compassion or tradition. The challenge is still open. The young people in the development corporations are, by and large, secularized Christians. They are somewhat impatient with the church hierarchy and were dreaming of a mobile service. When you think of it, this could at best deal with health screening and some forms of preventive care, but it cannot deal with the basic problems. So, for them, I had to detail painfully the limitations of that approach and therefore the need to win the churches' collaboration for local support groups, or try to run them oneself. This last approach would be almost impossible even though they may have to try in one group of villages if the church is not prepared to try.

My visit to Greece will ask for follow-up in the months to come. One thing I want to attempt is to tap the Greek-American resources that up 'til now go into projects like building more churches 'to the glory of God,' or more archives and libraries. People need help, and I hope that can also be conceived of as to the glory of Christ..."

In July, 1984, Cecile spent about a week in Vietnam and another week in Thailand. She herself expressed doubt about how complete or accurate her observations were because of the short periods and because she may have been shielded by her guides from the areas where the very worst conditions existed. Also, I have no idea whether observations, even though valid in 1984, are currently relevant. Nevertheless, I think what she had to say is interesting, and have included her observations of North Vietnam and Thailand in the Appendix.

Cecile made many other trips during the time she worked for the World Council of Churches, for example, to Egypt, Rome, Nicaragua and various parts of Africa.

In 2005 I asked Cecile to summarize the reasons why she stopped working for WCC in 1986. She said that her contract was at an end. I asked if it could have been renewed. She said that it could have. So I asked if she could say why she thought she was not offered another contract and she told me there had been tension on almost all aspects of her work – for one thing, AIDS research and education. Her emphasis on the necessity of condoms and not just reliance on abstinence or a version thereof agitated the moralists.

"Then I was accused of being a lesbian, and asked to resign. I refused to answer whether I was or I wasn't. I felt if I said indignantly that I wasn't, that sounded as if I were prejudiced against homosexuals. So they organized an administrative council. They said my so-called partner was Cati, because we showed signs of friendship and love. Organized a court. And I kept giving them a principled answer. What kind of religion was this, I asked, that would fire someone for his or her sexual preference. For seven hours I was asked to say 'yes' or 'no.' Finally I said, 'how does one who is not sexually active know? What's the test? How does one get a true answer?' I don't think it is fair to lesbians to say, 'no, I'm not.' At that point, the head questioner said, 'that proves it; you are not a lesbian.'

Later there was an almost psychotic incident. I ran into the Secretary General of the WCC in the corridor, and he said, 'slap my face.' I didn't understand and didn't want to slap his face. Then he explained that I should slap his face because he had let me down on the sexuality issue."

Another activity that got Cecile in trouble was the work she did for the anti-apartheid network. This work was after hours. While apparently WCC opposed

apartheid, WCC did not openly or officially support what Cecile did, and seemed to have had some ambivalence about it.

Then there was Cecile's investigation of the nuclear tragedy of Chernobyl and her outlining of the responsibility of Union Carbide in Bhopal for what took place before and after the leak.

There had been the Chile trip of Cecile in November 1983 that led to the first denunciation of the Pinochet regime by all the churches, which unexpectedly upset some WCC authorities, as she had been sent for primary health care only.

And, finally, there was the Nestle issue. Before Cecile went to work for WCC, many organizations, including the Presbyterian Church, established a boycott against Nestle because it marketed its infant formula in developing countries as a substitute for breast feeding with many dire health results. After several years, information was obtained that Nestle had corrected the practice, and the boycott was lifted by most, if not all groups. But read Cecile's version.

“Then, in 1985, we had a visit from Nestle. On a Friday evening, I was told the president and others from Nestle would be coming to Geneva to get the blessing of the WCC. This worried me, because I had not kept up on the Nestle issue. So I sent our telex to Infact asking people to please send me all the latest findings about the behaviors of Nestle, especially related to the infant formula issue. I got reams of information in reply, and Nestle was still up to its old tricks. The Nestle people arrived via personal jet from Vivey (headquarters in Switzerland). We were to have a meeting with them and we would give our blessing...The Pope had done so. This was all to be a formality and then they were going to give us 4000 tons of milk powder to use wherever we wanted. There was an elaborate banquet with china and crystal as the occasion for signing. But, before WCC did, I said, ‘I am sorry, but I have to present some recent facts.’ So I read from the telexes and pointed out that, if we were going to participate in distributing the milk powder, we would be guilty of participating in what Nestle had been doing in the developing world. The president of Nestle said, ‘Let’s be reasonable; isn’t there something we can do for you?’ And, on the spur of the moment, I said, ‘You could help us assist with the boycotting of loans to South Africa.’ Well, it turned out that Nestle had some fourteen plants in South Africa, providing work, he said, for thousands of South Africans. He shoved the table at me and left.” I asked Cecile if the Nestle reps had denied the information provided by Infact and she said that they did deny it.

I would like to close this section with a commentary she wrote when Bishop Desmond Tutu received the Nobel Peace Prize because the anti-apartheid struggle was such an important part of Cecile's life for so many years and especially during this period. In October, 1984, she wrote ... “Somehow I have a great feeling of urgency to help all of us to be fully part of a great celebration for all South Africans of good will: the Nobel Prize for Peace to Bishop Desmond Tutu. This shows God's sense of humor.

Botha had the good people of the U.S. almost believe his new 'dispensation' was progress, but the first 'beneficiaries,' the coloureds and the Indians, rejected the false promises through a massive boycott of the elections, and people, all people, who thirst for justice talked and prayed and organized. They sang of unity, freedom, and justice. The police went in, killed – killed children and whipped women and arrested then detained leaders as well as activists. Seven top leaders were released by the court, but the minister reordered their detention. They reached the British Consulate, asked for help for all detainees. The British barely took notice, just enough not to actually deliver them to the police, not enough to treat them as human beings. And more were killed – and more detained, and people grew weary, very sad, very tired – their songs dimmed, their prayers became groans of the spirit, their messages grew inchoate but desperately aware of their own insufficiency. There was only the hope that they could get a few weeks of respite, that God would pour his healing forces on them. Then! The Nobel Prize was declared – for one of them: Bishop Tutu!

What a good joke! The apartheid regime has treated him with fear. To some, he is a prophet of justice – an Amos-, to some a mighty call to dream the impossible – a Moses demanding from the pharaoh to let God's people free. The regime has tried to cut him off: no more South African nationality, no passport, accusation of financial mismanagement, accusation of communism. He himself had started to doubt his ability to help his people. He had started to feel the South African Council of Churches might well be demolished by the regime. He had no direct personal involvement in the recent pre-and post-election struggle, as he was in the U.S. But he stayed in close touch and his prayers and blessings were with the people, and others in SACC held high the banner.

In him all who have fought apartheid are honored. For once it is a worldly honour bestowed on the poor – on those who thirst for justice. It has been curious to read the Miami Herald and see how they stress not the violence of the apartheid regime, but what they see as the danger of violent opposition to the regime, stressing Tutu's opposition to violence as an antidote. I know he can defend his own thought quite clearly, but the mass media may dim his voice. He opposed, first and foremost, the violence of the regime; not just the killings and detentions, but the daily legal violence that robs people of their basic rights. He has set the example in the best tradition of Christian and Gandhian non-violence: let the different forms of violence not affect your action; think freely, speak boldly truth, call people to obedience to God's command of justice, do not flee, take up your cross and meet violence with vulnerability and love, do not fear. Jesus was crucified. Gandhi was murdered. Christian non-violence cannot prevent others from becoming violent and destructive. But it faces each of us with full responsibility for our own violence. It faces us with God's judgment and, if we can listen, also with his love.

Tutu has moreover spent major time in comforting and helping the victims of violence which has been over 95% of the time, government violence. He has not condoned violence from any quarter, but has in a true prophetic mode warned the regime

that it will beget more violence if it does not change its ways. They have not heeded his voice.

Has the world truly heard? I don't think so. I feel the U.N., the European governments and the US. people are trying to eat their cake and have it, too. We 'abhor' apartheid, but do not truly pressure for negotiations with the leaders of the people. We reject the 'excesses' of the regime but turn a deaf ear to its victims. We prevent during the same week an emergency meeting of the Security Council on South Africa and 'honor' Tutu. This honor is like the triumphant entry in Jerusalem – perhaps he, himself, but almost surely many of his fellow activists are being and will be crucified.

Does it mean we should not rejoice? I feel, to the contrary! I have a dream of Tutu joining a throng of people of many nations and races. All are in their best clothes. There are flowers and incense, and many bands. All young and old dance in huge sarabandes. Tutu approaches the center and dances before God's Ark, giving a sense of direction, a sense to all the joy. He dances with just a loin cloth, for this is his celebration of God's fatherhood and our nakedness before him. In the dance many for the first time feel God's presence with us, in us...and when the time of sorrow comes, they will remember 'Emmanuel' – God with us – and maybe dare to be naked."

PHASE IV. INTERNATIONAL DEVELOPMENT AND
RESEARCH CENTRE: WEST AFRICA
1986 – 1992

In late 1986 Cecile received an offer from the International Development and Research Centre (IDRC), headquartered in Ottawa, Canada to be the Regional Program Adviser for Health, covering West, Central and South Africa.

"...The work involved trying to identify people who have good ideas of what to do next, either in research or in service or training...IDRC was willing to consider a wide variety of things. We got them to add such diverse things as studying initiation rites, to look whether there were unsafe practices that might transmit HIV, to producing vaccines in Nigeria...Some projects were huge, like the vaccines production – all the childhood vaccines: DPT, polio, BCG, measles. We basically funded the national lab to acquire modern technology to do it on a big enough scale to provide vaccines for the country and not need to buy on the outside."

This six year period is apparently the longest stretch of time that Cecile worked for one employer. She rented a house in a suburb of Dakar, Senegal. During this period her writings to us did not dwell as much on the details of her work as on her attempts to bring herself into right relationship with the people – spiritually, physically, and psychologically, and with God. One finds themes of repentance, submission, empathy,

helplessness and humility stressed over and over again, with requests to her correspondents to provide feedback.

A second topic receiving much attention in Cecile's dictation to Marcia Reinke and in her letters is her marriage to Ousman, a Senegalese IDRC co-worker, nine years her junior whom she married in 1990. From her writings one feels that the marriage got off to a glowing start, but soon turned sour, resulting in separation about 1994 and divorce in 1998. Cecile and Ousman visited Baltimore twice and stayed at our house. He was gorgeous!

Going over the correspondence and dictations from this period has given me a fairly consistent picture of a person committed to giving her all for the neediest people she could find and who, at the same time, longed for acceptance and love both on an individual and group level. I think she looked upon the Mission and Social Concerns Committee of Maryland Presbyterian Church as her family; she probably took us more seriously than we took her, at least at first, but that certainly changed over the years.

I want to give you an example in Cecile's own words of her struggles to find the right relationship with people and God, and have selected her description of her trip to Tchad in 1987. The spiritual struggles described were repeated in other letters during this period.

"For the last week I have been trying to get ready for Tchad. Never having been there, I read up on recent history, present drought problems, the strife in the country. Still, where I can't claim historical expertise, I feel more confident of my understanding of the drought-famine and ways to evaluate how much communities are affected, even a preview of what could be done. But I have felt challenged and inadequate on the whole. These are not technical problems with technical solutions first and foremost. Drought is real, but the famine is due to maldistribution of what is available. Maldistribution = injustice. The strife doesn't just happen...Neither can one surmise that the injustice and warmongering are just of local or national or even African origin. Tchad may be among the five poorest countries in the world, but the whole of Africa is audibly groaning under chronic poverty, malnutrition, and premature death.

As I tried to get prepared to approach whatever I may learn and see with sustained vulnerability and humility, holding out hope rather than expectations, I did not succeed alone, so I took the help of the Vancouver prayer book and spent two to three hours each evening praying/meditating. A lot of the prayers are penitential. In fact, my mood remained penitential, seeking to be ready to be forgiven and forgive. I have not consciously contributed to the catastrophes in Tchad, but in solidarity with Europe and North America, I am undoubtedly among the guilty...and it disturbs me deeply. To accept that guilt is mine; fully assume it in penitence was my first task...

On the third day I started with Isaiah: 40: 3-5 and 41: 17-20. Isaiah lived in semi and whole desert. He was not using metaphors but directly speaking from and in his reality. These are bold promises, then as now. Sahara and Sahel translate each human inequity into death, death of the victim. Life is so precarious it has little tolerance. But even and perhaps particularly there, God cares and saves. People deep down know their present plight does not come from God. They rather look for guilt with themselves, their leaders, rarely with the rest of the world. They know their leaders are often corrupt. They know they themselves have not always been 'patriotic,' but they still don't understand how they got where they are. They feel forsaken.

I will soon be in the heart of the wasteland. God wants to be with them, recognized. 'In the wasteland, prepare the way of the Lord.' That in itself is a triumphal promise and an arduous command. Do we hear? Do we know how to prepare the way? The terrain is hard as stone, full of the baked-in grooves of past inequities, wars, hatred, fear. In my own case I feel the Lord expects me to help people hear His cry. But how, on what scale? I seem to have no 'rights' to be heard...So as I realized that once more I would have to fly blind and be ready to be a fool for the Lord...my need to be forgiven and forgive before the real task can become obvious. Somehow this step was rather laborious, so...after two nights, I tried to relax, knowing the Lord would take care if I, in truth, let Him.

My problem may be the realization that I know both in my head and hands quite well, but that my heart in this case is rebelling. It has no trouble identifying with those who suffer, but to hold on to that identification and simultaneously accept the identification with those who contributed to the problem, is hard. I have been able to do it before when I kneeled before the Kimbanguist crowd and confessed Belgian and developed country and local elite guilt towards them. But then, too, it was a real spiritual struggle, with a massive catharsis. Here there may be no public gesture involved, but I need to fully reach the point of unreluctant double identification and consequent vulnerability and sensitivity. Otherwise, I, too, reinforce their being forsaken rather than letting them hear God's cry.

Sibylle (Ehrlich) asked whether I have a group on whom I can rely. No. I have been only a few times in my life so alone: personally, professionally, and spiritually. My frequent travels will create a whole network of contacts, primarily professional. My loneliness, or should I say, solitude, will last probably one to two years, at least. It takes time to develop true relationships that permit unhindered sharing. The travels – 'la donna e mobile' – are also disturbances in developing relationships. It's a high price to pay, but I have known this. By the time I have a real community (four to five years) it will be time to leave, probably. This used to be done systematically to Roman Catholic nuns. It is still done in national and international civil service. I try to accept, not flee or fight the solitude. Let it question me, let it question my pre-existing relationships, spend more time in reading, praying...and, yes, writing. (So I have to pay attention not to overload you.)"

I have included in the Appendix a rather detailed description of the conditions Cecile found when she visited Tchad in 1982-83.

There is a letter sent in July, 1987, that gives some perspective on the international significance of Cecile's work at this period, and, for that matter, in general.

“Hi! I have been in Burkina since the wee hours of July 7...Let me talk about the workshop. Seven countries were represented: Burkina, Niger, Mali, Senegal, Guinee, Togo, Benin. In three of the seven I had a major input into the planning of their expanded program of immunization: Mali in 1978, Benin in 1985, Guinee, 1986. The three teams were trying to claim me as ‘theirs.’ Several of the innovations I introduced with them are held out proudly and the four others have now adopted them in principle. Moreover, with both the Burkina and Senegal team a new, warm friendship and alliance has been formed, which augers well. Triumph? Hardly. All countries are still struggling to get things truly off the ground. Lots of activities but only in the best of cases plus or minus 40% coverage. The next 60% promises to be even harder. Moreover, European ‘experts’ (there were no Americans) hardly know the terrain but look down their noses at the Africans, sometimes even openly saying things like ‘only international teams can evaluate with credibility.’ Well, I asked whether that meant that all evaluations in France would be done by Africans or Asians.

The African technicians are also a mixed lot. Some said openly that they could not speak their mind as the money comes with clear ‘international’ instructions where to buy (at exorbitant prices), how to use (often prodigally). Wow! More and more I am aware of the technical ‘elite’ as a group of willing slaves. At best, 5% are free people, better known as rebels. I feel very strongly that the enslavement of the technical elite is as dangerous as our nuclear armament. I think I understand its mechanisms and dynamics. I try to stay free, generous and forgiving even though at times that is hard but at the same time, I try to challenge faithfully in the name of our humanist goals. Before my colleagues, I become the confused clown or the penitent Savonarola, depending on the inspiration of the moment. In my guts I tremble before God at our misuse of power, which costs thousands of lives and prolongs a reign of exploitation. Each time we let vaccines be bought at ten times the real price, that reduces to 1/10 the number of children protected and costs thousands of lives.

But I can feel how most of us miss the faith to risk a job, possibly a career; how most of us rationalize it's better to go along and protect at least some children. My heart cries over our frailty – so I smile and touch and try to give insight and courage. In private, people respond positively, want me to push on, but make no commitment, even though at times one or the other comes suddenly to the rescue. It feels like the entry into Jerusalem. I laugh at its irony and sigh, looking forward to the Sabbath. Lord Sabaoth He truly became after the crucifixion, descending into hell. I try my best and offer God my helplessness as well as small triumphs.

As I represent a donor agency, I have to be very conscious of the unfreedom I might create, the flattery I might be offered, the pride people might consciously seek to awaken. All of these are recognized since ages as major temptations on the way to Him. People may play on them for sheer financial benefit, but even more for prestige by association. I try to accept due praise in humility and reject any flattery. Do I succeed? I often pray to God to search my heart on this. I am not at ease a good deal of the time. I need, like all humans, some affirmation and it is not always easy to distinguish quickly and surely what is affirmation and what is flattery. But I promise I try...I feel not comfortable in my balance of righteous indignation (which can be a major force for change) and judgmental anger (which is a destructive force and sin). The outward expressions are fine-tuned judging by the reactions. The irony is at the spiritual hygiene level. The tuning is less than perfect even though never for very long. Please pray I may increasingly hear and do and accept the Lord's evaluation without interposing mine in pride or fear."

In the same letter Cecile described in a rather sketchy fashion an event on the air flight to Burkina. "On my last flight, the Malian gendarmerie tried to pull from the plane one of the passengers who had dared to talk back to the crew. 'Law and Order.' Never mind he was protesting injustice. So, to me, the greater evil is out-of-proportion punishment, which needs to be fought as it is an instrument of unfreedom. (Two colleagues and myself in fact managed to get the gendarme off the plane, as it is international territory and demanded assurances that the Malian colleague who was their favorite target would not be harmed.)

To be sure before the Lord that my resistance of excessive punishment is no selfish trick, I have sometimes taken on complementary voluntary penitences – especially long fasts. So penitence has to me the value of impressing on myself and sometimes on others the seriousness of my repentance. I have never had the satisfying feeling of having expiated any faults, only of having the right to ask forgiveness and hope for renewal. (Here I was interrupted by a visit by the Malian colleague whom I helped rescue on the plane. I had a lovely three hours with him and his friends. In 1968 he was part of the student movement and was for three months in Malian jails. So my intuition served me right in being protective of him; also in giving an object lesson in human rights.)

Sorry to end on such stark lines. The joy of recognition with the colleague, the banter at the discomfiture of self-conscious authority are very real and the twinkle at the dangerous world keeps us going...Shalom, Cecile."

Cecile is always acutely aware of cultural implications when she is working in a particular society. In 2005 she was talking with me on a visit to Baltimore about the belief in magic that pervades many developing countries, referring specifically to Africa. I opined that belief in magic ought to be opposed as it can enslave people and, most important, divert them from facing the real causes of their own bad behavior. "The devil made me do it" is heard all too often from the lips of some tortured soul who has killed

someone. Cecile, while not disagreeing that belief in magic has bad results, nevertheless argued that it has to be respected in dealing with people who hold such beliefs. I still insisted that I thought it should be opposed, and cited the example of Treemonisha, who, in Scott Joplin's opera, is a heroine in her African American barely post-Civil War community because she opposed the sorcerers who were using witchcraft to get money from the people and to keep them subservient. To illustrate how powerful the influence of witchcraft can be, Cecile told a story, which I also found written in one of her 1987 letters.

“Some of you have heard me tell about my first visit to Vanga (Bandundu-Zaire) in 1973. In the middle of the forest I had visited two of my old students who were both physicians and ran one of the best known Baptist missions in Zaire. The mission had a big hospital, its own air-links with secondary hospitals, its own radio, its own experimental farm. Over the years it had become more and more complex and more missionaries had been brought in. In 1973 there were about twenty of them. It is rumored there were 127 in 1986.

The leader of the missionaries was Dr. David...(again, not his real name), a committed public health physician. He published several books on public health practice, most in French, at least one also in English. David was my student and I know him to be bright and opinionated; nothing vicious, even though quite aggressive. He and I could not see eye-to-eye on several theological questions, but agreed to disagree on dance (for him, sin), on the basis of Christian morality (for him, fear of God; for me, love of God, neighbor and self). He tried to ask my help in 1973 and again in 1979 with the relationship between the missionaries and the local Christian community. But, at the same time, he found it hard to accept to spend 'precious time' away from technical tasks or family in palaver and plain free-wheeling sharing with the local community; my dancing with them terribly upset him and the other missionaries.

Last year (1986), probably for the first time, a black American female doctor came as intern (to the Baptist mission hospital in Zaire). At her farewell party, David was absent (mistake #1). He also had either not known or had not objected against it being held at the river with swimming. The river has hippopotami who do not like to be disturbed. The lack of warning (mistake #2) became fatal: the black American girl was killed, literally bitten in half; another guest lost a leg!

The local community and some of the missionaries interpreted the whole situation as racism and sorcery. David was said to have changed into a hippo and thus killed the girl. The story was carried to the synod with the further embellishment that David had, in the USA, bragged about his sorcery and ability to change into animals. The synod voted to forbid David to return. Some probably voted out of fear for his life; some believed literally the story; some saw there was no issue. It is sad, very sad. I know both in general and at the specific individual level that the story is untrue and the result of local beliefs and David's total clumsiness in sharing. He is not a vicious man; he is an

American achiever, who sets his own agenda, who has a 'mission' rather than a burning desire to mutually share. By living the gospel of achievement, he has built up so much anger, fear and frustration in the local community, that in their mind, he became like a hippo. I feel helpless. I have calmly explained, but even friends cannot hear and pray in compassion for the community and David and his family."

In Baltimore in 2005 Cecile was telling about this incident to a small group of friends, including me. She added a couple of comments, which I will try to reconstruct from memory. The Congolese Baptist Board members had asked her to talk to David about this accident and the sorcery interpretation. She asked David if he had denied it. He did not answer; she asked again with the same result. She pleaded that he, as a Christian, would surely deny such a story. No response. In the room we speculated why would he not deny the horrible rumor. He told her over the years he had become unofficially, some sort of chief. Powers of sorcery belong to chiefs. He explained he did not want to deny that power. It made me wonder in missionary settings, who converts whom, and it certainly reinforced my belief in the need to oppose witchcraft.

In Dakar Cecile took another youngster under her wing. She wrote in 1988: "While I am writing this, Mahmadou (#21) (eleven year old son of my day watch and cook, Diallo) is for the first time in nine months spontaneously talking to me about what he saw and did on a long walk today. It feels as a major victory as centuries of fear and exploitation stood between us higher and more formidable than the Berlin wall...God's regenerating mercy at work freeing us both for each other, an event for which I have prayed and worked patiently, but now that it is happening, I can only sit back wet-eyed praying in praise and hoping the miracle will not turn into mirage. Mahmadou is very intelligent, but his world has been limited to home, school and the way in between. He knows only his family members and schoolmates. He is considered too low-class and too young to be able to address others. His life and vocabulary are extremely confined. He has only started now some guided exploration within the city with the 'tutor' I engaged, a young unemployed economist. Will he be able to discover without recoiling from the great diversity of this cosmopolitan city, this nation, and then the world? Can he overcome the fear of flying of the bird too long caged? His reaching out to me may be the first step; may there be many more to follow in His strength; may my present horizons be the conscious call to explore beyond, not the new boundaries.

Nominally he is Muslim but largely ignorant of the teachings of Islam. Where do I find him a faith-full teacher of this great religious tradition, so that he may fully realize that the One calling is the master of us all and of history, the only One to whom we should bow. For Mahmadou will need to claim his human dignity in his name, while cultivating a healthy humility before God and men. So far, he has no sense of his rights and opposes false pride to daily humiliation...But I am hopeful in the synergism of our efforts (the tutor and mine), the child's inner needs and God's grace (not in the order of importance but by degree of visibility). I'll update you on his evolution from time to time. No adventure is more fascinating than the human awakening."

You've probably noticed that this history is not overburdened with academic references. However, an article came to my attention written by Chris Glaser, which appeared in the September-October 1988 issue of *The Nor'easter* published by the Synod of the Northeast. Dr. Glaser writes directly about Cecile, and I will paraphrase rather than quote.

He tells about Cecile, desiring to establish communication with members of an African tribe hostile toward whites and suspicious of outsiders. Women in the village when they saw her standing nearby, began to sing and she danced to the rhythm of the song. The women gradually began to dance with her, and some even brought their babies for her to hold. When Cecile had danced with the eldest woman, the dance ended and they fell into each others' arms. She could now begin to work with them.

Dr. Glaser advocated this sort of approach by the church in dealing with sexuality in general and AIDS in particular. He ended the article by relating that Cecile told the local missionary what had happened and all about her dancing. The missionary was horrified, and pronounced, "We teach them not to dance."

Cecile described her work and impressions of some African countries in 1989. "I visited on this last journey, Benin, Nigeria and Congo. I chose them because these are three of the five countries from where we have the most meaningful nutrition projects/proposals and that I wanted to acquaint the new nutrition coordinator of IDRC-Ottawa with our problems and opportunities. The trip served very well its professional purpose. Both of us were also very much open to the experience people live every day of increasingly 'things falling apart.' Benin, the government and the sole bank (Banque Commercial du Benin) are bankrupt. All money in banks is lost; salaries have not been paid since October 1988 (she was writing in February, 1989); a general strike has been off-again, on-again. The government has been increasingly disrespected. There have been a series of botched-up coup attempts followed by treason trials. People are hungry and tired, unable to believe in those in power or those who try to grab power. Those who suffer most (yet) are the urban poor, but about 30% of rural middle class households don't have enough to eat...A group of fourteen Beninois professionals is working on self-sufficient health and integrated development in one district. Deeply moving. Prepare the path of the Lord.

Nigeria has an IMF (International Monetary Fund) patterned 'austerity' – no food importation permitted. So all wheat bread disappeared. But it was the fast food of the poor. Beer breweries compete with the householders for local cereals. So, with constant salaries, prices are skyrocketing 200% to 300% a month. Rural areas are doing relatively well, but urban areas are hungry, groaning under 50%+ unemployment. Professors who used to earn \$1500 now get about \$120 a month. Traffic has become a ghost of its old self. Personal cars are broken down or parked for lack of money for insurance and fuel. Over about a 300 km stretch, we saw only taxis, buses and trucks and even those were

less used. Our car seemed such an anomaly that we were stopped every two or three km by suspicious policemen. People are stunned and dumbfounded. A year ago they commented that the decline was righteous punishment for squandering resources in the '70's. Now one hears only sighs and groans; no questions; no comments; sometimes a timid prayer for work; more rarely a timid approach to understand and arrive at collective solutions. There are many good professionals immobilized by the total lack of resources through official channels. Some, like Kayode, turned part-time farmer and slug on on community-based programs. Perhaps he may form an NGO to do the real work. He needs to brood more; gather self-confidence to respond in a prophetic way. I sit, hold hands and pray, like with a woman in labour...Congo is in a debt crisis in its early stages.

...My heart is heavy with the mute suffering of the many in Benin and Nigeria who have suddenly found themselves catapulted from middle class to marginalized. My eyes see over and over again the malnourished kids and young people, the wandering non-persons in rags detached from any family or clan, walking along the highways from here to nowhere to a lost dream or curled up on the divide of the roads, safe on the one territory no one else claims. I marvel at the persistence of the many workers who come to the workplace day after day even though there is nothing to do – faithful sentinels. I want to prostrate before the handful who find all kinds of ingenious ways to work and create some income for their communities. Their energy and joy are nothing short of a miracle of the spirit. It's they who become my channels of grace. It seems to work mutually. In the gloom of the present crisis there is a silence of ideologies, a silence of expectations, it is a silence pregnant with meaning...

Congo is in the early stages of the crisis – about five to nine months behind Benin, but I can feel all the social and economic omens of what is coming. Today I worked on two sets of problems/projects. First, old priorities, with a new urgency: malnutrition, anemia, malaria; next new urgencies: AIDS. On the latter, the prevalence of HIV positive is 7% to 12% in the towns which have 50% of the population. This will wreak havoc within five years. Counseling, social adjustment hasn't yet started. I hope to stimulate it through research. I feel we are making progress in all of the areas. To maintain it in the face of the growing crisis will be the trick! One researcher lost his job; another lost his two secretaries to AIDS..."

In May of 1989 Cecile described the shrinking resources of IDRC and compared it to the shrinking resources in West Africa. "Whenever resources are suddenly taken away, anger and competition awaken in everyone. Just look at what happens when toys are taken away from children...or British soccer fans lose a match. Modern bureaucracies even in 'normal' times have the equivalent of Roman circus games determining who receives resources. But at the time of threatened or real budget cuts, this doesn't suffice. They resort to firings, the equivalent of human sacrifices, as peace offerings. Any proposals to avoid this by introducing across-the-board austerity is totally non-acceptable. I have lived through such rituals at WCC, JHU and now IDRC. It is

terrible, especially as I realize more and more how we are collectively more and more sliding into idolatrous bureaucratic but barbaric rituals. Our gods? Money, power, prestige. They are wrathful Molochs we try to appease. It would seem at least 90% to 95% of us are stuck in these very pagan rites by uncontrollable fear and at least 50% know it is not right and want to be 'saved.' Victims are chosen because they 'do not belong.' Helping to sacrifice others desperately tries to signal that one belongs. But victims are picked for being 'different,' not because of doubts on loyalty...or proofs of loyalty. I might not have chosen to reflect on this. At a functional level, I have personally nothing to complain about. My region is flourishing. I am getting two more team members. On my own, I developed projects for 37% of the worldwide budget last year. No one has tried to pull the rug from under us, for even when irrational fears rage, people preserve some sense of their self interest and I happen to be in everyone's self interest. At least this time around.

But I choose to speak about this as the analogues with the situation we are living in in West Africa – likenesses and differences are striking. I'll try to explain first about the dimensions of the resource problem, then the reactions. In West and Central Africa an economic crisis has taken people back from levels of standard of living previously attained. Government indebtedness and IMF rules are causing urban unemployment to rise to new heights both among highly educated and unskilled labour. Local solidarity interests based on the extended family have so far buffered the effects, but, as the burden grows, the networks give way. In the rural areas production has declined in many areas: urban immigration of the young deprives them of vital manpower for clearing and harvesting, especially tree crops, like palm oil. Erosion and deforestation are advancing fast; there is no money for even simple agricultural tools (even hoes!). Population explosion demands more and more land be cultivated. Most areas have for centuries been on a cycle of nine months a year sufficient food and three months hunger. Now the hunger period is getting longer. I recently was surprised to find villages that now have three months of good season and nine months of hunger. In Ghana, per capita production has declined from 2200 cal. to 1500 cal. Hunger is vastly increasing both in urban and rural areas. It grinds at the middle class. It threatens the very survival of the poor.

In the '80's all of this had been happening almost as the world turned a blind eye; worse, as particularly, the US worried more about repayment than people's survival. In Senegal and Mauretania we have just had communal riots. The riots mirrored each other and fed on each other. In Mauretania, Senegalese were killed in half-official...riots; in Senegal, people of Mauretania culture (Berber as well as black) were killed in what were riots led by street gangs. To me these seem hunger riots with the destruction and theft from lower middle class foreigners, but also with elements of pagan human sacrifice. Horrible, but somehow it feels that if N. Americans or Europeans were undergoing as severe stresses, the severity of the reaction might be much worse. In our bureaucratic culture we plan and manage destruction collectively. Solidarity is more and

more 'privatized' and there is not even a familial or a communal solidarity network. Also, our rate of pagan fear seems equal in its frequency, but more severe for equal provocation. Why? Maybe we have too high expectations and too little hope, while Africans tend to have very little expectations but a very firm hope.

Hope? Yes – without it we can hang our head and die. There is little promise in the present African reality I live. I have no illusions of power. Any one human being is quite helpless to turn this situation around, but I believe that where two or more work together in full witness of common humanity with the 'victims,' the high-risk and the fearful perpetrators and our own 'comrades,' new forces are released that 'save' from fear and submission to inhumanity. Those so inclined can translate this into 'Where two or three gather in His Name' ... With my rewording I want to indicate what this means to me, at this time, this place, with my core team that contains persons of strong commitment but not all Christians (agnostic, Hindu, Muslim, confused on dogmas). May we all be true carriers of the flame of hope, holding it high. Love, Cecile"

Intense though Cecile's work was during this six year IDRC period, in many ways the most significant event and relationship was her marriage to Ousman. As I've said, it started out in a rosy glow and then, rather soon, turned sour. Through it all with the many problems that emerged, as we shall see in this section and the next, Cecile seems to have plowed ahead with her work while at the same time dealing with Ousman and his relatives. The marriage took place in 1990, the separation officially in 1994, the divorce in 1998.

Cecile described the development of her relationship with Ousman to Marcia Reinke in 2003: "Okay, let me first tell you how I saw him before marriage, because he is a very complex person. Someone burning to know more and understand more; intelligent; very articulate; capable of helping people in real crisis situations. I saw him save a man who rather stupidly was smoking while trying to put gasoline in his car and caught fire. I saw him at least temporarily stop the killing of Mauritians simply by the power of his words with people...Mauritania is a country north of Senegal. And many Mauritians are in Senegal either as traders or as unskilled labor, because Mauritania is much more desert than Senegal; not many jobs there. Some Mauritians have lived for generations in Senegal and we had in 1989 a sudden..., almost like a Bartholemeus Night. So it was almost like a massacre.

Very few people had the courage to resist it. It was like most Senegalese had gone crazy. The excuse that was given was that the Mauretians were exploitative. In reality they were mostly very hard-working people and relatively small traders; they are not opulent yet. The traders are mostly white, mostly Arab. There are some black Mauritians, most belonging to the Fulani nomads, like Ousman. So he saw a group of young Senegalese going with their long machetes, bragging about the fact that they were going to kill Mauritians, and he jumped on a table of one trading woman and started talking to the Senegalese and said, 'okay, you are frustrated because you dropped out of

school. Tell me, is that the fault of the Mauritians? You are frustrated because you have no employment. Is that the fault of the Mauritians?' He went down the list of common frustrations, and by the time he got done, their fervor was significantly cooled, and he simply told them, 'go back and try to solve your real problems: don't attack other people.' This was very courageous because he himself could be mistaken for a black Mauritanian. Physically he fits the stereotype...He appeared to me to be exceptional in terms of intelligence, in terms of ability to articulate, in terms of courage. He also had been quite attached to some of his nieces and nephews and seemed to love children, which I had often used as a test for people.

I used to think that if people loved children and loved animals, they have to be also loving towards other people. And in most cases that is true. But in his case, the specificity of the indicators was not very good, because he has big trouble relating to people that are his equal or his superiors. And that I didn't detect until we were married...(At work) I was the advisor, the big boss. I had, besides a secretary, various employees, two or three other professionals working with me. In the beginning he was just one of my researchers. I later hired him as my administrative assistant. And he did well as administrative assistant. He learned fairly quickly the skills he didn't have, like computer skills.

His background was social work; the equivalent of a GED. Then he went to a school of social work for two years. But he was very well read. He probably was better in Social Science than most university graduates. He had also worked in psychiatry with the famous French psychiatrist, Coulomb, and this psychiatrist was particularly interested in local, traditional methods of healing. So my husband had done the cinematography for him of rituals, and such similar things, so he understood quite well the local traditions."

Following a 1988 visit to Baltimore, Cecile wrote to us about her beginning acquaintance with Ousman before there was any suggestion of a romantic involvement, which shows her obvious admiration. "Recently I have become acquainted with Dr. Hiltgunt Zassenhaus and Ousman... It strikes me deeply how they both exemplify a form of faith of great intellectual humility and tremendous courage. Ousman I had met as a social assistant in the psychiatric ward last year. We stayed in contact and worked together on a couple of research studies. We had in the process slowly explored each other without much active probing, feeling comfortable we could trust each other without really knowing much about each other. Now, he had been suspended by the Minister because he was one of the active leaders of the trade union of health workers. And the trade union had organized a strike asking a reform of the health system, a budget allocation by the government of at least 7%, decentralization of health management (so far, all management functions are in the ministry in the capital; directors in hospitals cannot hire or fire, do not know their budget, etc...), stronger measures against corruption. I was quite proud of them and their demands even though I had no claim on any credit for their logic, except that we had discussed more than a year before what some key moves for reform might be. But where no one could dispute the rationality of

the demands, brute force was used to scare the workers and leaders were offered perks (two or three fell for that) and those who refused the perks were suspended.

This crisis brought Ousman and me to talk about him. From his mother he learnt to accept responsibility for others. She is a widow left with the kids of her co-wives. She has with Ousman's help maintained a dozen of them, even sending them to school. One of the youngest is at University. But Ousman had 'disappointed' her when at age 19 he got arrested, tortured, kept in jail for two years because he had written and distributed for the student movement a tract chiding the government for its ineptitude, hypocrisy and corruption. When he was finally freed, he could not return to finishing his baccalaureate, so he became a dock worker, to him a survival technique which exhausted all his energy; to the authorities, a 'dangerous' move, - one has to be an incorrigible rebel to become a dock worker if one has thirteen years of education.

So he was arrested, kept in jail, in fact in a high security prison for another nineteen months. This time he managed to get a pro-bono lawyer who got him liberated with apologies from the court. By this time, he was about 26 years old. He knew that he had to get back to studies if he would help this society reform itself. So he managed to enter the school of social assistants, be a brilliant student, learn more about why and how societies live. Then he found even a job, but the psychiatric ward was in decline and the social assistant was just an ornament. Together we found ways of making him useful for the past eighteen months. Finally, he helped found and direct the trade union, seeing it as a tool for societal change.

No, he isn't a Marxist; he is not a Christian, not even a Muslim. He thirsts for justice with an irresistible urgency, even though he fully knows the price and carries the scars. He loves almost without expectation of love in return (his mother believes him irresponsible even though affectionate; the kids seem to think of him as an irregular provider; he told me very simply, 'you are the only person I have confided in for ten years.')

He feels ultimately accountable, while pragmatically realizing he cannot assure the comfort of his little family of mother and sibs. Before both Hiltgunt and Ousman, I feel both deeply humbled and joyfully proud to call them sister and brother."

Cecile wrote about her relationship with Ousman before their marriage. "After four years of working together either as program officer and researcher or as my administrator, he came one week every evening (he used to come often but not with that kind of frequency) and started to talk to me about wanting to adopt children. And I was trying to explain to him what the difficulties were, not so much in terms of formalities as in terms of helping the kids; and was advising him that he should first look for a partner...and he said, 'well, couldn't we do it together?' And I was still not getting the point and I was saying, 'yes we could, but if we do it together, people will think we are married and that will stop you from finding another partner.' And he said, 'but from my

point of view that doesn't matter. I think you are the person who can really help me do that'. So quite suddenly I saw him in quite a different light and was really overwhelmed by my own feelings which, up to that point, had never manifested themselves. I still was resisting the idea of making it a formal marriage because I was thinking: he wants this now, but how stable is this going to be?

...I was at that time 54 in 1990, and he was reputedly 45. I'm not sure of his age either way... We started living together and talking about marriage or not marriage. During the time we were living together like that it was very, very good. He was very considerate. He would help with everything. Spoke as a good feminist; peace to everybody; did not drink, which is important to mention because later alcohol abuse became a major problem. There was no violence in that period. So apart from my own qualms that he was younger and might find a younger partner and that we may unnecessarily complicate everybody's life by having a marriage, there were no other negative things which would have warned me not to do it. So we did marry.

And now, read Cecile's announcement of her wedding. In March, 1990, she wrote "Hearty greetings! By the time you receive this, you will be in the mood of Passover, Ramadan, or Easter. In any case, this is the traditional time in the Judeo-Christian-Islamic cultures for renewal. It is under that sign we, Ousman and Cecile, will celebrate our marriage! Many of you had heard about Ousman in my December 1988 letter. We had continued to weave a net of agape and were happily surprised by Eros in December. Well, since then much has revolved around the new 'us' which we desire to be a profound but non-exclusive reality.

The marriage is on 29th March. But almost immediately we need to take up again our nomadic existence. On the 8th April Ousman leaves for a conference in Maputo on South Africa. Then we meet in Cotonou to go together to Northern Benin to start research and action among the nomadic Peulhs (Fulani). Our common commitment to people and to justice is the basis for real joy and mutual reinforcement, but also for frequent separation.

We want also to offer a home to three or four children. One is already with us: Aminata (adoptee #20), twelve years old, beautiful and gentle, a doll in a teacup. She has started growing, gaining strength and becoming more articulate.

Our marriage can rest not just on the three years we have worked together, faced crises (ours and others) together, analyzed and discussed ourselves and society's inequity and struggle for justice. It seems to rest on a lifelong convergence and deeply shared values. So the wedding feels as a milestone, a significant one, but only a milestone on a common road.

Even so, both of us have consented to major changes even before the other truly asked. Ousman stopped consuming any alcohol and diminished smoking to two or three cigarettes a day. Cecile diminished her workoholism and tries very hard to consult and inform on matters of common concern. Mamsey always warned her, confirmed bachelors make for hard-to-live spouses. Let us hope we will prove to be the exceptions.” Alas, they did not prove to be the exception.

“We went first to the municipality where we were actually living, both of us, and asked whether they would marry us under civil law in monogamous marriage. But they said, ‘No way.’...And what they wanted was to marry us under Muslim law in a marriage that is sufficiently open-ended that it can become polygamous. And I was not the one who objected, because I told my husband I know the marriage by itself doesn’t protect me against anything. But be sure the day you come with a second wife, our marriage is over. But he was the one who refused it, saying, ‘don’t ever tell anyone, even my parents, that you are willing to do that, because if you do that, my parents may come with a second, or even a third or fourth wife.’ Senegal is 98% Muslim, 2% Christian.

...We got turned down. So, instead of marrying in our own municipality, we went to the central Dakar municipality, and we went together to the clerk and the clerk asked again whether we wanted a polygamous arrangement and my husband said, ‘no, no way...monogamous.’ So the man looks at him and says, ‘sorry, sir, what did you say?’ And my husband repeated it again. So at least here they accepted it, but they did not expect him to be the party that was refusing. We actually did the ceremony and had some of the family present – his family...It was clear that for them, it was not a major deal. Only a very few came. But many of my friends were there. And when the mayor looked at our addresses he saw that we gave the same address and he went into his speech about ‘now remember your relationship becomes only legitimate from this moment on.’ My husband almost jumped up and I pulled him down...So we were married there. Then we gave the next night the feast at home and that was clearly for the people, the real marriage...in fact, we had five such feasts. Because shortly thereafter we traveled together to Benin, and in Benin people loved me a great deal and said, ‘how dare you marry in Senegal and not invite us to come?’ They organized a feast. So that was the second one, in Cotonou.

And there we had our first dispute because I danced with one of the much older gentlemen, ex-president of Benin, but a doctor also. He was a good friend of mine, so he danced with some enthusiasm and some touching my shoulder and my husband got very jealous. And I tried to explain to him that there was no reason to be jealous...but he was just beside himself. There was nothing that we had done that you or I would find objectionable, except having a good time together.

The other feast was in Switzerland when I met with my Tibetans in Switzerland and they said, ‘oh, you aren’t really married; we need a Buddhist marriage for you.’ He went to Switzerland with me. So that was the third one...And then I came here to Baltimore

and the church here said, 'why don't we perform a Christian marriage.' And I said, 'dear friends, he is not a Christian.' 'Oh, it doesn't matter; we will make it ecumenical' So we had one here...And things started going wrong while we were still having marriage feasts. It almost seemed as if seeing the affection of other people for me bothered him somehow and it was not that he was being excluded but most people didn't know him, so I was the important person. It really bothered him, which amazed me. So by the time we got to Canada, he met some of the African friends I had there and he started objecting again to signs of affection and joy...asking strange questions, like, 'why did you touch him?'...we had been walking together in a very narrow street and the two men were basically taking all the space and I was thrown from left to right. And he said, why did you touch him?' and I said, 'you pushed me every time to his side and he would push me to your side. What more explanation do you want?' Strange jealousies.

...When we married, IDRC had a rule that it could not have a husband and a wife in employment. So, when we were about to marry, a decision had to be made: which one of us was going to quit. By the logic of our salaries, he should quit. So in order not to make the marriage a negative event for him, and also because I strongly believed he could do it, I suggested that he quit and go to Canada and get a master's degree. The University of Laval was willing to consider that his diploma as a social worker was the equivalent of a BA. So he did that. He went to Laval University in Quebec City.

We had lived together three months. After marriage we were about one month together in Senegal. Then I accompanied him to Canada and we were a month together in Quebec. We stayed in Quebec one month, vacationing and trying to get him settled. It did strike me that it might not be good for the marriage to send him off to Quebec, but there was no backing out at that time. And it struck me very forcefully that he wasn't making any efforts, either. One of the most comical things was they had given us two single beds and we shoved them together, but very difficult to have any intimacy. But he still insisted on intimacy, and sure enough, I ended up on the floor. The one time in my life that I fell off a bed. And he seemed so clumsy in that environment when he had been so extraordinary in solving crises in Senegal. In the Canadian environment he seemed totally clumsy and unable to get his bearings.

And then I came back to Senegal and he stayed there. He came back (to Senegal) for one month in December, and almost every thing which could go wrong, went wrong. He seemed much more authoritarian and much more wanting to show that he was the boss...When he was about to leave he wanted to put one of his friends in charge of me and the kids, which was totally unacceptable."

In case you're wondering 'what kids?' you'll find out later.

"He took two years to do a master's degree in Social Science. He did his thesis work in Benin, so I joined him in Benin a year and a half later and that's when it started really getting wild. Because by that time he was drinking without any limits. I kept on

hoping we would find a way. In fact, we were working with his own ethnic group. But again the person they knew best was me because I had worked with them before. And so we got ourselves in a strange situation so that at one point he gave me a very sharp answer in public and the chief of the nomadic group there called him to the side and called me and said to my husband, she is our daughter; if you don't treat her with more respect in public you will have to leave here.'

They had built a little mud house for us with a good tin roof. In their minds they had built a luxury house. For you and me it would be a hut, but for them, it was a luxury house. I honestly showed joy because I was very touched by the gesture of it. That's not a minor effort to do that. My husband almost refused to sleep in it, so that didn't put him in better books with them.

...He was working on his thesis doing focus groups with the nomadic groups on how they took care of their health, and how it's related to their movements...He got his thesis done up there and came back to Cotonou and stayed for two months and by all reports was spending his time in the bars. I had gone back to Senegal. I got a call saying, 'you have to come back here; you have to get him out of this. He is going either to get killed or kill himself.' With their help I managed to talk to him on the phone and he told me he was HIV positive. I asked him how he knew, and he said from a test. So I said, 'that's double reason not to keep hanging there. Come over and we see how we can manage this.' I had arranged at that time to spend three months at Laval (Quebec) teaching qualitative research in developing countries. He joined me in Laval, end of 1991. I obviously asked for a test and I went together with him. I asked him to join AA (Alcoholics Anonymous). We went to a couple of sessions together. He proved not to be HIV positive, and neither was I; because I had had earlier blood transfusions in Africa, it was anybody's guess whether I was or I wasn't. I had been sick from malaria...

Basically, we never connected even though we were together. He didn't want to explain what had happened. I couldn't understand where he was coming from because all the love and concern I had seen before had evaporated completely. And by the time I had to go back, we had a major incident. IDRC was going through a whole reorganization and, in that reorganization, they fired most of the people. We were twenty five people in the health division. By the time they were through with it, they still had two people. And I had resisted some aspects of the reorganization, so I was the first one to get fired, and the day that I got fired I discovered that my husband had emptied the whole bank account...I had given him open access to the money because there were so many things that made him feel the lesser of the two, that I needed to overcompensate ...well, I overcompensated! I told him I was going back to Dakar trying to look for short-term work."

In reading Cecile's letters and dictations, the contrast between her feelings about her early relationship with Ousman and the obvious distress when she describes its disintegration is grim and pathetic. In 1998 she spent two months in Baltimore. During

that time she began a liquid diet at Hopkins in a drastic attempt to deal with her serious obesity. A recurrence of malaria ended that effort. It was not until she went to the Congo in 2004 that she successfully lost a lot of weight.

Cecile summarized her time working for IDRC: “I have continued my regional activities for IDRC but will leave them definitively 31 March, ’92. I had joined them October, ’86. It has been six very fruitful years, rich, as they permitted to deepen out the understanding of the dynamics of underdevelopment, the ambivalence of the status of women, the lack of clear rights of children, the role of culture in survival, the multiple definitions of ‘self’ (perhaps one of the few non-negotiables in cross-cultural relations).

It seems time to move on. IDRC has lost its autonomy formally and is now an official arm of the Ministry of External Affairs Canada. I do not know what the next long-term employment will be. But I am actively seeking in particular academic positions in the developing world. At the same time I hope to have some breathing space to be with Ousman and to finish two books and, if possible, acquire fluency in Spanish. This clearly is a period of major upheaval in all our lives, but also a period of being able to rearrange the stack of cards, hopefully have more a married life while being close to where the real struggle for development takes place. We both want to stay involved. As some of you know, we have adopted one girl and take care of six nephews and Mamadou (adoptee #21) (son of Diallo) at home and want to adopt an abandoned little boy (Ablaye, adoptee #22).

Nene, Ousman’s mother and his sisters Sophie and Maimouna as well as a host of workers – Cesaire, Diallo, Victor, Sally, Delphine – form part of the household. For them as for us it is the end of an era...For the adults we are trying to set up independent activities (agriculture, small business). The children we will maintain in school. We hope and pray that God protects all of them...”

In this last passage you are beginning to get an idea of “what kids?” I referred to earlier. I will close this Phase with letting Cecile tell you something about them. One theme in her many descriptions of the children she took under her wing is her determination that they receive the best education of which they were capable. One might think it would be more than enough to help so many survive to adulthood. But Cecile wisely and compassionately realized that without real academic skills, there is little future for people at the bottom of the heap in the developing world, or probably any world, for that matter.

In dictation to Marcia Reinke, Cecile further described the young people she was supporting in 1990 just before and at the time of her marriage. “His name is Mamadou (we’ve already counted him: he’s #21), the son of my cook. And my cook had a marriage but the marriage was unstable. His wife openly had a lover. (My cook was a man.) And she fought the little boy like he was the husband she hated. I think it was a case of needing to unload on somebody. So the little boy was not at ease at home and

started staying longer and longer with me and finally just lived with me. The boy is now 26. He lived with me until 1991, when my husband pushed him out by making life so hard the boy himself said, "Mommy, I gotta leave." But we still correspond and now he will study in Canada, computers and programming in Ottawa ... Aminata was the niece of my husband and at the time she joined me which was in '89 she was 12 years old. She was undernourished. At age 12 she was only one meter 40 (four feet 8) and weighed only 27 kilos, which is way, way underweight... Very soon I discovered through the grandmother that Aminata's mother had been very heavily abusive and Aminata's whole being was on the limit of being autistic. Any communication made her panic. And she would not spontaneously communicate. So after having her for three weeks in the house, my future husband was present when she started screaming on the simple question, 'what did you do at school?' And he said to me, 'This is never going to work. Send her back.' And I told him that once you start with a child, you have to go on. A divorce between adults is possible. A divorce from a child, I don't think is, really. And three weeks is a short time. And in about a year she seemed more or less normal. But we had very severe problems since she was 21; even right this week, many suicide attempts. She is married now, in Florida, to a white guy.

Then about a year later, her grandmother, Nene, basically pleaded with me, 'You are doing great with Aminata, but the boys have the same problem. The mother is terribly abusive. Please take all the boys.' ...so I first took two of Aminata's brothers, so now we have Ami and two brothers and Mamidou (and we have this other girl, which we haven't gotten yet). The other girl is Maimouna (adoptee #26), and Maimouna has been an adopted child of my mother-in-law. At age 13 her grandfather, with the agreement of my mother-in-law, forced her into a marriage, where the little girl fought her so-called husband and with scratches, bruises and so forth, but managed to escape after three days and she escaped to my future husband's home. During the week we had Mamidou, Aminata and Maimouna and the two brothers of Aminata. But on weekends we had everybody... I had three bedrooms and people can be quite creative on how to use a bedroom. The kids used them sideways, so about four kids could sleep in one bed. And compared with what they had at home, that was already luxury...

On the average during that time I fed every day twenty five people. The cook really worked... The biggest problem was that, as all of the kids had been abused, there was a high level of violence. And when they were all at home, you could barely start a sentence, but something would happen to somebody. So I became like a fire fighter. So I used to say, 'I have always been for family planning, but I didn't know how right I was.'"

In 1992 she wrote us seeking financial help for the higher education of three young adults whom she had supported in their studies since they were children in the '70's. "Arit Udofia (#15), now about 22 years old, found in 1973 on the road, + or - two to three years old, very malnourished. She has remained with my old steward, Mrs. Atim Udofia, who has very well educated her. She is now first year student in medicine at University of Calabar. Econg Udofia (#16) now about 25 years old, son of Atim Udofia.

Father dead and never accepted by paternal family as parents were not married and Atim was the maid of the father who raped her. He is third year student in mechanical engineering University of Bauchi. Salomon Okpan (#23), now about 25 years old, second year student in banking, University of Akwa Abom; son of my ex night watchman.”

What kids?! By now I have completely lost count, and may have counted some twice; and there are more to come. Cecile now says there have been 35 and I am going to take her word for it, and stop counting.

I will end this recitation of kids and of Cecile’s time with IDRC with a particularly heart-wrenching description of a very brief “adoption” of a little boy sometime between 1990 and 1992. His name was Eric. Cecile wanted him included even though the adoption lasted only a few days.

“Eric was a little boy of ten years who appeared and disappeared from my life in a short ten days that still feel like a lifelong dream.

At the time, I went to Benin every two months and I had rented an apartment that served me and other consultants to the Benin University as guesthouse. So, as I arrived at our apartment, I saw a small child in our dustbin searching the contents, as he was too small to do it from the outside. He was naked except for a torn slip. But he looked up at me very calmly, poised to see whether he should run or could continue. I greeted him; asked whether he was hungry. He said, yes, he was. So I told him ‘if you trust us you can come in and eat, or else you wait a little and we will bring food outside.’

He decided to come inside. We fed him; then offered him to wash up. While he was taking the bath, a friend went to buy an outfit. Bathed and dressed, he relaxed and we started talking about his life and his family. He told me he had been chased away from home at age six as ‘sorcerer.’ He told me his mother was considered psychotic and his father was a drunkard. His paternal grandparents were the ones who chased him away soon after the birth of his little brother. This was my first encounter with this African phenomenon of persecuting one’s own kid as sorcerer. I listened incredulously. He had survived four years on the streets through a combination of activities: principally, recycling of tins and bottles found in the dustbins; secondarily, making toys out of the same material; thirdly, during the tourist season doing ventriloquist sketches for the tourists. He reassured me repeatedly he had never stolen anything. The first year he managed to pay himself school fees, but he was chased away from school when his clothes became rags. When I asked where he slept he explained he could not afford to sleep in one fixed place but had to change every night as he was afraid otherwise his family might find him and kill him. He also took the precaution of eating only from one lady he trusted and occasionally of leftovers in the market. In fact, the one feeding him also was his trusted ‘savings bank,’ as he permitted himself only a fixed food budget and if there was any surplus, the lady would keep it for him. I was convinced he was

intelligent and mature but had a hard time accepting he could not be reintegrated in his family.

So I asked whether he would agree to visit the family with me. He agreed on one condition: that I leave him not alone with them. He led me to the house of his father. That was closed and neighbours told us he was out drinking. We crossed the street and met grandpa, who received us very reluctantly. He refused to consider the possibility of reintegrating Eric even if I gave financial support. When I asked why not, I could not get an answer.

On the way back, Eric told me, be very careful with grandpa. 'He is dangerous. I saw him kill his own son.' I had started realizing I was touching a world I had not known before. So I called Ousman, my husband, who was in Canada. I told him the story and asked what do we do? Seek to place the child with a family against payment; try to get him into an SOS village; or take him ourselves. We decided best was to take him ourselves, aim for adoption but get immediately father or grandfather to sign they agreed to his traveling with me. Ousman warned me the family may try to kill him, so do not leave him alone even one moment, day or night.

The next morning we got the letter and Eric followed me in the university, in the ministry, everywhere where work would take me. He would quietly draw or write while I was busy and after the sessions he would ask many questions on who we had met and why. At home we had some difficulty, as my son, Pat, and his wife, Reunka, lived in the same apartment and had a small baby which Eric wanted to play with, but they feared he might handle it roughly or handle it unhygienically. I decided not to interfere, as we would soon travel.

We left for the North to join a group of nomadic Fulani guided by Chief Gobi. Along the way he saw for the first time herds of cows; he tasted Fulani cheese. He discovered a whole new world. He was full of comments and questions. We were received by a large gathering of Fulani chiefs interested in discussing the primary health care we had organized with Chief Gobi as well as other potential development projects. Eric quietly fitted in like a little prince. At the end, Chief Gobi took him and me to the side and spoke to him solemnly. He told him the Fulani traditionally accepted children that other tribes had excluded as sorcerers and made them their own. He told him from now on no one could consider him a sorcerer if he behaved like a real Fulani protecting human and animal life. He assured him of his blessings on Eric as Ousman's and my son. Eric thanked him and we bade farewell after buying some cheese which Eric wanted for his little brother. On the way back he talked a lot about his brother and his fear that the family would do to his brother what they had done to himself.

We had a trip of over 700 km back to Cotonou. So we stopped midway in a hotel I knew well. It was 4 p.m. and I had an appointment with colleagues in town for 7 p.m. We both washed and went to rest. He woke me up, pleading he wanted to go and play in

the garden of the hotel. I reiterated to stay strictly in the garden, not to go to town. I woke up with a shock at 7 p.m. I went in the garden, called out for him; no answer. I mobilized some people and we searched in every hook and nook. Finally I saw his clothes folded under the border of the swimming pool. Two of the young people went searching in the pool and found his body cold and inanimate on the deep side. We tried to reanimate to no effect. Eric was dead probably before being thrown in the water as he did not have water in his body.

I brought his corpse back to Cotonou. First the family refused to go and officially recognize his body. Then they did, but wanted a lace outfit to bury him with. I negotiated a reasonable funeral at our expense, but more importantly I negotiated that family members took formal responsibility for his little brother. My husband followed the events through a number of phone calls. He told me he had dreamt about Eric at the time of his death and he had been running with him and others of our kids when suddenly he was caught in a wave of fire and was consumed. He was awed by the event and later refused to visit the place of Eric's death.

In March, 1992 Cecile's employment by IDRC ended formally.

PHASE V: BELGIAN TECHNICAL CORPORATION
WORLD HEALTH ORGANIZATION
UNITED NATIONS CHILDRENS EDUCATION FUND
Cambodia, 1993 – 1996

After leaving IDRC, Cecile worked for a few months on several short-term consulting projects. Then she applied for and was chosen by the Belgian Technical Corporation to work in Cambodia. They seconded her as a consultant to the World Health Organization, and during her last year in Cambodia, she worked for UNICEF as well.

She described her WHO job to Marcia "...to assist the government to do manpower planning, look at what personnel they had available in the country and who came from exile, where they were, what their competence was, was there a shortage, was there a surplus, how could we refine the training of the people to try to get better services. We were in the capital, Phnom Penh...and were able to travel in the country but with great precautions. In order to travel, we had to have UN clearance because security was changing from day to day, sometimes from hour to hour.

The Khmer Rouge had still strongholds in the northwest, fairly extensive strongholds. But even close to the capital city, some villages were under Khmer Rouge and some villages were under the government. And the situation could change very rapidly. So it wasn't like the government controlled everything and the Khmer Rouge were only in a small area...the government was the Vietnamese brand of communists and

the Khmer Rouge had, right from the beginning from 1975 onward, been leaning more towards the Chinese and had what I would call a terrorist government in place with the idea that they had to be able to make their economy completely rural. They were completely anti-urban.

Most of the Khmer Rouge leaders were up in the northwest. They never established a big urban area of their own. They didn't believe in urban areas...there had been peace talks. The country was in pretty bad shape. When we would want to go from one province to the other, we had to get security clearance every time, but not only for the trip, but also what routing we would follow. We traveled always with a two-way radio, so that, if the situation changed and headquarters knew it, they could alert us immediately...we had a huge UN flag on the car itself. The flag may easily have been more than one meter high, and almost square, so it could be seen from very far. Actually, the Khmer Rouge did not interfere with those cars.

I had three offices: an office in WHO, an office in the Faculty of Medicine, and an office in the Ministry...The medical school had trained assistant medical officers in colonial times, not medical doctors. Then, during the reign of the Khmer Rouge, the medical school was closed and no medical officers were trained. And, in fact, before the Khmer Rouge there were something like 490 doctors in the country and by 1979 when the Vietnamese Army together with Hun Sen (present prime minister in Cambodia) took Phnom Penh back, there were only 42 doctors left...in 1979, under the Vietnamese, the Cambodians started training 400 a year, which was totally illusionary, because as they could not make their hospitals function well with the 42 that were left, the new doctors didn't get enough practice during their training. So we had a huge number, (more than 4,800 by that time) of medical officers but with very, very little practical training, and very little clinical skills.

...I was teaching public health and I was trying to get a better planning of the medical faculty...trying to look at the curriculum and trying to get the professors to define for each of their courses, clear objectives, and link those objectives back into what we knew were the needs for clinicians.” A co-worker of Cecile's was able to get a curriculum revision done for nurses.

“I did a two-year contract with WHO and during that two-year contract there was a kidnapping attempt on me. On the 14th of June of 1994, I had been working late in the faculty basically discussing with USAID what the situation was and how they could be useful. And I got back home by about 7:30 at night, which is pitch dark in Cambodia. And my driver had been complaining the whole day and he didn't usually complain. He had been complaining he felt a weight on his chest, so when we arrived home, I saw him freeze. My first thought was a heart infarct. So I tried to get his attention and suddenly I saw the revolver against his head. So I thought, 'okay, they want the car.' So I told him, 'give the keys; they want the car.' He gave the keys and immediately they yanked him out of the car and the hijacker came immediately sitting next to me. I hadn't even opened

my safety belt, because I was so worried about the driver. He pushed his revolver in my neck, so I tried first in English to tell him, 'hey, you have the car; let me go.' I didn't get a response except for pushing the revolver further. So then I tried in French and he answered in perfect French. He was a man in his late 40's, so probably he had been educated in the time before the Khmer Rouge. And he told me, 'you, you remain here.' I thought, 'not a man of dialogue – I need to find another way of doing things.'"

Cecile tried to figure out the motive for the hijacking. "And I was thinking, 'what is this? Is this because of the reforms we have introduced in the faculty?' because we had basically made fraud impossible (in the exams). We had not introduced laws or coercive measures, but had asked the professors to give all the objectives and to give 250 to 500 questions per course with all the answers; and we published that book (making it available to everyone taking the exams.)" Cecile and the professor in any particular course then selected the questions to be asked the next morning.) "No one could sell any exam questions. We had made the exams foolproof. So, it's like...with the Mafia, because they were making perhaps \$1.5 million a year out of that (selling the exam questions they got ahead of time). There was also money out of admitting people (to the medical school) without really taking their tests into account..."

So, as I couldn't solve very quickly what it was, I decided it wasn't even worth trying to resolve it: that whatever was going to happen, I probably would end up dead. If they were out for ransom money, they wouldn't get it. If they were out to sell me to the Khmer Rouge, they would execute me. If they were simple bandits, I would become at one point or another the superfluous person, because, although I would probably be a protection for them for a shoot-out, I might end up dead whatever the cause was. So I had to escape." (NOTE: if you think that's an awful lot of thinking to be going on in the head of somebody being threatened with sudden death, it's because you don't know Cecile.)

"And I decided they had to back out of my garden. My driver is outside the car but I couldn't see him; it was pitch dark. Later I saw that he was being trailed by a second person. And so was my daughter, Aminata. Because when I managed to jump out of the car, I saw the second person and I saw where he was aiming and I decided that, even straightening myself from a half squatting position was going to be too much of a provocation for him, until he jumped in the car and I straightened myself out. The hijacking driver was very nervous. I think they didn't expect that I would dare to try to jump out of the rolling car.

They took the car and my computer, but they had nothing else...Later, we saw (the car) circulating with one of the generals of the anti-terrorists squad...I think it was the army itself who did it...you know, the standard joke was that in the morning they are soldiers, in the afternoon they are Khmer Rouge, and in the evenings they are bandits. There were quite a number of people who really had no opinion, took no real sides, trying to get as much as they could by any means they had. It was a total breakdown of

society.” (SECOND NOTE: I have heard Cecile tell this story several times and she always laughed about how usually when she got in and out of a car she was awkward because of an injury to her knee in 1966, and the fact that she was obese added to the awkwardness. But those things didn't hinder her escape from the kidnapers, and she jumped out like lightning.)

“...WHO kind of suggested that I leave the country because of the kidnapping attempt, and I said, ‘No; the people who worked with me on the same program don't have that option, so I will stay here and probably people are superstitious. If they see me circulating around, they will think we all have special protection.’ So I stayed, but at the end of the contract, WHO was told by the French that the French preferred that I was not renewed. I was not given any reason for it, but my suspicions were that they didn't like my protests against trying to make the medical faculty ‘francophone’ and require 573 hours of French language, which I thought much too much and badly taught by untrained teachers...”

So now we have an idea why Cecile might have been at odds with the authorities at WHO.

Aminata and Maimouna came with Cecile from Senegal to Phnom Penh, went to school and studied English. Do not forget that she was also supporting a household in Dakar occupied mainly by relatives of her husband. The Cambodian household did not remain so small very long.

“In Cambodia when I had just arrived, there was a very young man, 19, who had been the night watch of Joyce Smith, my colleague. Night watch are people who are supposed to stay awake and go around the house and make sure nothing bad happens. And she, the colleague, had moved and so she dumped this one. And she asked whether I was willing to use him as night watch. I took a look at him and I thought, ‘oh, my god; he looks so frail – so timid. If he has to protect me...really!’ And then I thought, ‘Poor guy; he had this employment and he was just dumped,’ so I thought, ‘so, okay, let me try.’ And in the beginning he was so shy that smiling was hard to come by. His name is Mora.

I had lived for a short while in a hotel there and so I had some young friends from that hotel come and I could see that with the young people, he was not shy at all. And I started encouraging all of them to learn English. So Saturday and Sunday I used to run English classes for a while, and he clearly was very eager to learn. All of that put me more or less at ease with him, but didn't particularly attract me to him. But then one day I had also my cat Hanuman with me (also cats, Mercure and Alibaba coming from Senegal). Hanuman was found in Italy during my WCC days; lived in Switzerland, then Senegal and Canada. He was one of the older cats. He was sitting in the window and got attacked by a little local cat.

Local cats are something like I had never seen. Maybe at the most 20-25 cm long; very small; very scrawny; very angry; really almost the opposite of what you think a domestic cat is like. And when they fight they fight completely differently from our domestic cats. The normal domestic cat makes herself as big as possible, but doesn't immediately attack; bristles up; walks slowly in diagonals; and it's really the one which gets frightened first that loses...there's really very little fighting going on. These little scrawny cats jump from the back and they jump on top of the cat and they really bite and scratch. They are domestic cats who in the last 25 years didn't get much food and so part of what we see is like when domestic cats get closed in somewhere and they don't get food or water, they go crazy. So I'm not sure how much is environment and how much is the particular breed of cat, but one of these little scrawny ones jumped on the back of my old cat who didn't know what was happening. So he was trying to shake it off, lost his balance, fell out the window, right in front of a dog who was known to be killing cats. For me, I had to run around before I could get there, but Mora, immediately, in a nanosecond got there, and never mind he got bitten by the dog and scratched by the cat, he managed to get cat in his hands and saved the old cat, Hanuman. (I had given him that name because Hanuman is the monkey god in India and when he was a young cat he did so many things that were more like a monkey than a cat. He worked the switch for the lights, for example.)

So he saved Hanuman, and I looked at Mora with different eyes after that. Not only had he shown a lot of courage, because most people would have said, 'well, too bad, but I couldn't help it.' But I think he showed courage and at the same time a lot of feeling for that life. So I thought, 'I've got to get to know him better.' So we started even with the little, little vocabulary he had to talk much more seriously from that day onwards. I discovered that he had been independent since the age of 14. He had basically been a conscientious objector. The way he had done it was to run away from home and then work with construction gangs where they would never look because construction gangs were at the real bottom of society...Many of them are convicts. But in a gang, neither the Khmer Rouge nor the regular army would look for him and they were taking all the boys of 15. He is from the countryside from a very small village and in the Khmer Rouge time he and his family had been separated by the Khmer Rouge. That was the normal practice and he had been in one of those children work camps. They were made to work from a very early age onwards. And if they didn't produce enough or they tried to play, or tried to find some food they were badly beaten up or killed. So he had had a very difficult childhood. He could read in his own language, write with some difficulty. But he could read. The first thing that I did was say, 'okay, go back to school; get a high school equivalency.' Which he was able to do within the three years that we were there. Then he went with me to Laos."

Cecile's Cambodian employment was not her first contact with the World Health Organization. She had been a consultant for them in the Maldives in 1972. She had closely collaborated with them during her WCC days. In November, 1987, long before she went to Cambodia for WHO, she wrote to Maryland Presbyterian Church, suggesting

that they lobby to persuade the U.S. government to pay its obligations to the United Nations. Because of this default, Cecile said, WHO was having to cut some of its programs. She described WHO as "...a technical independent body of the U N family. Its predecessors go back to the last century and were mostly concerned with epidemic control. Since 1948, its expanded role has been both as a technical clearinghouse (with literally thousands of technical reports on health from lab techniques, to standardized diagnosis and reporting, to norms for treatment or health education or preventive measures) and as a facilitator of international exchanges of information and innovation, as well as support, sometimes execution, of health (programs) in developing countries.

Smallpox eradication was one of WHO's great achievements. The expanded program of immunization is one of its major current efforts (together with UNICEF) and forms the first phase of the development of primary health care. Its special AIDS program is trying hard to get some sanity in public and governmental actions in this field. But many less well-known programs are equally vital...tropical diseases, including malaria, sleeping sickness, leprosy, occupational health, medical and nursing education, etc...The US contributions normally represent 25% of the overall WHO budget. With a budget that has not grown in dollar value, both inflation and the slide of the dollar would mean belt tightening but with no US contribution, the financial situation is crippling. For example, the sleeping sickness program has been severely curtailed and one program fabricating diagnostic tests has been closed down altogether!"

Cecile included a short article by Gwen Crawley, Associate for Health Ministries, Program Agency, Presbyterian Church USA which refers to the award of the Nobel Peace Prize to WHO for eradicating smallpox and contains figures showing the US has paid only \$7 million of its assessed \$124 million to WHO's biennial 1986-1987 budget. The article encourages readers to contact senators and representatives to work for the restoration of the US commitment to WHO.

For the latter part of her Cambodian period, Cecile worked for UNICEF as a consultant. She used to joke about being the only person in Cambodia to have worked for both rival organizations. On Christmas Eve, 1995, she wrote: "The UNICEF program on 'Community Action for Social Development' tries to help the villages in Cambodia to take action to improve the quality of life, especially of the poorest: to be with them on the roadside but find a niche where they have a chance to survive by their own forces. Can it be done by the Cambodian villagers themselves, who tend to dismiss the poorest as wrecks of Karma? I want to believe that at least some want it. We try almost a variant on the biblical story that a city will be saved for the sake of very few just men. We try to identify one or two just people in each village who feel compassion and are willing to try. Then we will try to support their initiatives to improve living conditions, especially, but probably not exclusively, of the poorest.

We expect the greatest effects from simple measures: more ponds, both for the water in the dry season and the possibility of fish raising; wells where needed and possible;

improve dry season agriculture (rice and vegetables); in some places, de-mining, at least of the road between the village and the well; small credit for basic agricultural inputs or small businesses.

After these fundamentals, we hope to start on further refinements into the usual UNICEF activities (immunization, nutrition activities, health education, etc.) but all based on local initiatives. In everyone's mind is the great question whether we can find enough partners and whether the bureaucracies that should facilitate will actually be able to. But I have more hope after my field trip, even though it remains a noble adventure with many risks. I will be working as Coordinator of the first pilot province until the end of January, possibly the end of April...

I have just come back from North Western Cambodia, where the end of the rainy season brings the joys of the rice harvest mixed with the fine and sticky dust of the armies' rushing to take advanced positions. Soldiers are everywhere strutting with excitement and hopes of glory and booty; farmers try to concentrate on the difficult business of surviving one more cruel season; internally displaced and returnees try to make themselves invisible while discreetly begging from the few foreigners around. Outside the regular villages, you find the blue plastic roofs often clustered around a road, a dyke. The internally displaced and the returnees live there in tiny ramshackle palm leaf booths (huts) no bigger than a western single bed. Their misery is there for all to see but not on display, so most foreigners pass in their air-conditioned cars, averting their eyes to the horizon...The program had been successfully started with 100 villages and by 2003 had more than a thousand villages..."

In what was obviously a low moment in her Cambodian period, Cecile wrote in January, 1994: "If I have ever felt a people on the brink of total disaster (still), it is here. Africa, with its economic decline, violence and AIDS is bad, but people by and large have still hope. For how long, though? Here, they have gone into hell and even though objective conditions have changed, psychologically, most still live hell. Maybe that is what Africa will be like 25 or 30 years from now. People barely dare to breathe, fear is ever present, no thought is innocent. I don't think you can imagine the ramifications, even on what I can ask, say, or explore.

I try to demystify, de-alienate at the individual level. I try to give simple joys and respond to the rare felt needs that are expressed. I try to draw for myself as clear a picture as possible of present reality and of possible future scenarios. I try to make clear there are choices to be made. God has not taken away free will or doomed us all.

Professionally, that means a lot of planning and seizing of the unhoped-for opportunity. Kind of the equivalent of a baseball game."

This period of Cecile's life began what I think of as "The House Era" which started in late 1993 and lasted into the Laos Phase. I am not going to give you much detail on

the “House Era,” because most of it is boring as all get-out. But in some ways, it illustrates Cecile’s approach to things.

While she was living in Baltimore she bought a row house near Hopkins University where she lived with her mother. When she left in 1982, she rented the house to Hopkins grad students. I guess I offered to help her handle the rental situation. Anyway, I ended up doing it. I got a standard lease from Baltimore Neighborhoods, Inc., where I worked, executed it with the tenants and for the next dozen or so years, became a landlady. I dealt with complaints, needed repairs, and replacement of tenants as the students moved on. As a group they were a very fine, diverse group of young people. I recruited two or three of them as testers in BNI’s fair housing program, the agency for which I worked as a volunteer and staff person.. They took good care of the house and their complaints were reasonable.

Two incidents I think are amusing enough to relate to you. At one point they (all girls at the time) asked for an alarm system to be installed because one of their male neighbors in his cups one night had crawled (remember this was a row house) from his second floor bedroom to their second floor bedroom. I had the alarm system installed. Most of the tenants were big animal lovers (like Cecile) and right after the alarm system was installed, I was called about ten p.m. by the security people. My husband and I arrived at the house to find the police there and the house empty. Later we found that the cat had activated the motion detector. Oh, the joys of being a landlord!

The other funny incident occurred when one of the girls asked that air conditioning be installed, even though the lease did not include A C. The specific reason? I said most of them were animal lovers. This girl had a huge, gorgeous blue-eyed Malamut, magnificently furred dog, named Macbeth. Well, Macbeth’s ancestors were used to an arctic climate, and he was finding the Baltimore summer difficult. Nice try, Julie! I think she got a window air-conditioner, or shaved him.

In late 1993 Cecile wrote asking me to sell the house. She wanted to pay off debts and the education expenses of two or three of her children. Well, of course, I put it on the market with a Realtor. No offers. We reduced the price. Still no offers. Then we tried to get a home equity loan. You have no idea what it’s like trying to get a loan for a person who is not a U.S. citizen, does not work in the US., and has no credit history. She always paid by cash when she was in Baltimore. Over the next few weeks I contacted 17 lenders; the first 16 turned down the application. I found one who gave me an oral commitment to a loan but would have charged over 11% interest. At that time, I was describing my problem to Cecile’s good friends and colleagues at Hopkins, Carl and Mary Taylor. Without hesitation they offered to lend her the money. They used some of their investments for this purpose; we set up an amortization schedule at a reasonable rate of interest, and the deed was accomplished. Cecile got a lump sum to pay off the debts. We used the rental money plus some of her Belgian income to repay the Taylors in

monthly installments, to do house repairs and to pay taxes and insurance. And she still owned the house!

But this happy state of affairs did not last long. In about 1997 the grad student tenants were to be replaced by a young couple about to have a baby. Maryland law requires a lead paint inspection when a change in tenants takes place. You guessed it! The house was loaded with lead paint, which is dangerous for babies, and not great for adults, either. The current tenants had themselves checked out and reported things to be O.K.

The couple wanted the house. Aided by Baltimore City officials, I had an inspector determine the extent of the problem and what it would cost to fix it: \$10,000. The City had a program under which an owner could put 20% down and borrow the rest from the City. For Cecile, that would have been \$2000. I faxed her the news. She replied she did not have \$2000 to put down because she had to pay school bills for some of the kids – never mind that this house was the only property she owned, as far as I knew. She told me to sell the house for whatever I could get. This time, with the lead paint situation obvious, the asking price was much lower than earlier, and we sold it rather quickly to a real estate agent who said she “knew how to deal with lead paint.” So my days as a landlady were over. Gone was Cecile’s only tangible material resource. But the kids got educated.

One thing you can count on is that Cecile always gives 110% for the poor people she is working with at any given time. This includes political as well as humanitarian efforts. She was outraged by an article in the Washington Times August 15, 1995. The writer urged that Cambodia essentially be boycotted by the U.N. until it got rid of its corrupt officials and established a decent democratic process. She wrote the Times and sent a copy of her letter to the Washington Post. “You published, according to the Cambodia Daily of 8/24/95, an article of Bruce Fein about foreign aid to Cambodia, calling for the U. N. Assembly to exclude them and for the U. S. to suspend its meager ten million dollar aid...I wish to rebut at least his conclusions before they might gain too much credibility, because too few Americans know Cambodia...”

I am an academic and public health physician who laboured for two years (until May, 1995) as the person in charge for WHO for ‘development of human resources for health.’ I want to briefly share with you the strength of my conviction that Cambodia needs all the help it can get in the field of human resources development, health, and development of rural and urban employment. People have been starved of training for marketable skills, of training for survival skills and training for responsible participation in a democratic society. Moreover, especially the Khmer Rouge regime (1975-1979) selectively killed intellectuals, entrepreneurs and thinking heads, but also during the period 1979-1993, free speech was suppressed in the personal, professional as well as the political arena. Most people learned not only not to object but not to ask questions, even

not to think, as it served no purpose except create danger. The massive numbers that were 'trained' between 1979-92 were given indoctrination and facts to learn by heart but there was no attempt at teaching more than absolutely minimal skills. Whatever competence people have is born out of experience or very recent retraining. After 25 years of war in which the Vietnamese and the Americans plunged this country, even bare survival of the nation depends on aid. The country has no food security, agriculture is constrained by the lack of healthy workers, skills, implements and by mined land and a destroyed irrigation network. The economy is barely starting to pick up and the government has almost no tax base. More than 80% of the governmental budget is based on international loans since 1993.

My daily combat in Cambodia has been and continues to be to coach and encourage colleagues and students and others I come in contact with to dare to hope, to think, to question and take initiatives and struggle to acquire the skills and competence that are needed. Does Mr. Fein think democracy was born overnight in the U.S. or anywhere else in the world? By an act of will by some government? It took roughly 200 years after independence to declare colour laws unconstitutional and that sure enough hasn't by itself meant the birth of full democracy. Even God reputedly can't assure instant nationhood or democracy as he had to make Moses and his followers trek for 40 years through the desert to learn it.

I am a human rights activist who led the first-ever academic boycott of South Africa at the Johns Hopkins University in 1981. I continued as the UDF (United Democratic Front) human rights representative abroad in the heat of the struggle 1982-85. Others led an economic boycott of S. A. that was always a two-edged sword also hurting those we were trying to help but its main logic was that the democratic movement existed and hoped to offer a real alternative to the apartheid regime. Moreover, the internal struggle tried very hard to use history as it unfolded as teaching material on democracy. Ten years of struggle have prepared this generation for the S. A. democracy, such as it is, imperfect, but a sign of hope. What alternative is a boycott of Cambodia supposed to favour? What is the process that is supposed to bring about democracy? Are a few months of UNTAC lectures translated by Khmer speakers who didn't master the concepts themselves supposed to be the miracle cure that should have brought about democracy? Who are we joking with? Will we 'save human rights' at the cost of peoples' hope, at the cost of even greater numbers dying from ill health and acute or chronic hunger?

Cambodia is now one of the very poorest countries of this world. The UNDP classifies it among the three least developed. Both by its poverty and its size, it is not a very interesting market to sell consumer goods. Is that why some feel it comes at no cost to reject Cambodia? Cambodia has also precious stones near the Thai border as well as teak which are exploited illegally. Rumours have it that some American interests are involved. Obviously, these riches would even be more 'freely' accessible if the government loses its grip. Might that encourage some to become very impatient with the government?

Cambodians have not only suffered total isolation since 20 years, but in that period very direct and active de-democratization and very purposeful underdevelopment. To overcome these profound handicaps which the whole society and almost every individual carries with them, may take at least an equal time – or even the Biblical 40 years of trek through the desert – learning again to be a nation. All people of good will should reach out to the people of Cambodia to help them become capable of surviving on their own steam, first and foremost and concurrently hold alive the hope and the courage to build patient democratic nationhood.”

PHASE VI LAOS, SRI LANKA
BELGIAN TECHNICAL CORPORATION
JAPAN INTERNATIONAL COOPERATION AGENCY
1996-2004

Cecile remained in Cambodia about a year after her contract with WHO ended, and during that year she did a new project for UNICEF which consisted of training UNICEF personnel, training of the Cambodian counterparts, and working in the villages. The project was called Community Action for Social Development. It began in 1995 with 100 villages and in 2003 there were 1000 villages. “...And it basically is a project where the villages are actively encouraged and facilitated to do development projects, modest things that they think will help them to make a better living, and at the same time, we made a contract with them, that they will accept learning more about how to feed and how to educate children...I waited until I could hand over the project and then went to Laos, employed by the Belgian Technical Corporation...”

All the kids went with me; and Hanuman, Mercure and Alibaba...” (If you didn’t realize these are the three cats, you haven’t been paying attention.) “...plus a dog which I had acquired there in Cambodia. He was called Tom. It’s a play on words because in English we have the word Tom for Thomas, but in Kampuchea, Tom means big. When he came he was very small and scrawny, but now he is really Tom.”

Cecile and her ménage first went to Savannakhet, the second biggest city in Laos, about 50,000 people, in central Laos, located in a province of the same name which has about 700,000 people. “I was coordinator for technical assistance in the health system reform project in ten provinces...I did have a house in Savannakhet but I had to visit on a very regular basis five provinces and one other colleague would visit the five malaria provinces.”

Cecile described the political situation in Laos: “It’s a communist regime that tries, since about 1991, to be a free market, but it’s barely at subsistence level. So it’s not very meaningful to say free market, if people have no money to participate in it...”

Laos was involved in the Vietnamese war because the Americans had bombarded Laos so heavily during the Vietnamese war that they had per capita more bombs than Europe had during the whole of World War II... Why did the Americans bombard so heavily? There was a belief that the Vietnamese were crossing over the Laotian border... The second reason was that, when the planes were flying from Thailand they would fly from west to east to Vietnam, but if you look at the map you will see that Vietnam is a very tiny strip if you go west to east. It was very difficult for them to really target the bombs on Vietnam. They would turn back over the sea and would then go east to west over Vietnam and then cross Laos. Again, they couldn't empty, and again, whatever load they had left they would dump on Laos.

For the first two years (1997-98), I stayed in Savannakhet and I traveled on the average 50,000 km a year, trying to visit not only major hospitals but district hospitals and health centers, seeing the real situation for myself and trying to get away from generalities to actually problem-solving plans specific to each situation, based on what the real situation was. So by 1998 I probably had a very good grasp of what was going on in the country.

Many too many doctors, too few nurses... both of them not sufficiently trained in practical concepts. None too enthusiastic to serve in districts or more peripherally. And so, originally neither the Belgian project nor the World Bank project had anything for nurses. They thought the doctors were the be-all and end-all. I tried to change that from the beginning, but it is really only in the last two years of my stay (2002- 2004) that we succeeded. We developed nursing guidelines..."

In December, 1997, Cecile wrote from a workshop she was attending in Savannakhet about her professional activities and her personal life. "We hope to develop a network of health centers. The sparse population, its lack of means of transport, the bad roads will make the real work quite hard. Patient transport is mostly by handcart – hours or days walking. I know it may be difficult for you to imagine the environment... There is little urban squalor as urban areas are small and largely controlled. Rural small towns (plus or minus 2000 people each) and villages (100 – 400 people each) may or may not have a market, as the economy is largely subsistence and surplus production is small. That means also little waste except some flimsy plastic bags in which all drinks are sold (no cans, no bottles, as too expensive).

In the plain, most villagers have enough production to feed the family and produce alcohol. The latter is traditional, highly appreciated, probably partially as a symbol of surplus. People tend to be short, light, hard-working farmers who work with little or no tools, but are very clever in working with little. Only the efficient in food production and consumption can survive. When people live at the brink of survival, they tend to be matter of fact and unsentimental. The Lao 'culture and character' lacks hope and needs to work towards hope. So that is (where) we come in. We need to develop in each

village a vision of what in the end can be achieved and a commitment to the next step. One at a time. If we fumble, we need to decide to change road or lift the obstacle. After two years, we have learned a lot about patience, seizing opportunities and coherence. People necessarily advance by their own logic, so that is what we need to learn; also about ephemerality and not taking oneself too seriously.

Maybe the above is not clear. So let me say what we are not doing.

We do not decide anything, not even our own use of time, but we can propose, try to show pro and con of alternatives, argue about the ethics of solutions, teach techniques of planning (rather successfully), management (more difficult), health education (slowly coming – we’ll peak in ’98). We do ask many questions on why and how of the present ways, the perceived solutions to recognized problems. We encourage, celebrate each new initiative. We document successes and failures. Above all, we allay fears of the unknown and of failure. I spend a lot of my ‘free’ time thinking, reviewing. During working hours there are too many activities and demands to permit real reflection.

My personal life is that of a hybrid between hermit and a mother of nine kids (at a distance), a villager in a place forgotten of most people and a world citizen on email (but legally barred from Internet). I like the work – the biggest and perhaps most ‘foolish’ challenge I ever took. It forces me every minute to question myself, my motivation, my knowledge on how groups and societies react and evolve.

For the moment, myself and my Belgian colleagues are still planning in each district for new health centers, their location and their ways of functioning. Once they open patient care, village dialogue will gain importance. I am sure that will raise the challenge as millenniums of feudal agricultural society and 25 years of communist rule don’t help respect for the common man and woman, who are seen as ignorant, if not stupid, incapable to define their own problems. So we will need a good dose of Buddhist compassion and Christian activist love without being able to name the sources. Religion is tolerated, even practiced by the powers that be. But it tends also to be limited to observance of holidays and a moral code that is rather vague on care for the poor, sick, handicapped, especially if they do not belong to your immediate family and neighbors...

I have been able to mobilize a little (\$6000) Belgian government funds for the villages of “excluded” people: some water pumps, buffaloes, seeds and agricultural tools...” Excluded people seem to be a combination of poor displaced people, or those at the lowest rungs of society or with no particular niche.

News about the kids and other loved ones: Kayode Oyegbite is now in Ethiopia as head of Health in UNICEF. He had been for five years in the same role in Vietnam...in Vietnam he was appreciated. In Ethiopia he feels less accepted, less effective. Tenpa is in ex-Yugoslavia for the Swiss Red Cross. He seems happy and totally absorbed. Pat

Naidoo and his family are in Uganda, where his wife is consultant for an Education Reform Project. They are hard to reach from here, but seem happy. Cati and her family are in South Africa. She is busy with children's rights. He is a lawyer and leader in ANC.

My current 'crop' is spread out: Maimouna (26 years) in Australia, third year, B. Ed., happy and dynamic, quite independent, but in touch. Aminata (20 years) in Vientiane, 11th grade somewhere between moody adolescent and forceful adult. Hard to say whether she is happy, but she took part in the first ever fashion show in Vientiane and went 'drunk' on the admiration that was expressed. Ra (Mora, 24 years)" (remember him, the cat rescuer?) "...currently in Vientiane just back from the Philippines, will return about March to attempt again entry in school of nursing. He is taking more English, biology, chemistry. He lived with me in Cambodia since '93. Six boys in Senegal; worrisome lot. All lived for varying lengths with me before '93. Even maintaining them in school is hard. Their mother and granny did not let them join me in Cambodia, so what to do? It is sad. To survive they are likely to engage in shady activities.

Ousman and I are divorced. At present he is under pretrial arrest for abusing his new companion. He is also under treatment for alcoholism in Quebec. Since his arrest we have been in sporadic contact. He wanted back, apologized in general, but refused to specify what I should forgive, so I considered it not very serious. I want no revenge. I'll help where I can but I cannot do much for him. Quite sad but not unexpected. He has not finished his doctorate yet...To me the marriage is like a far-off nightmare.

Myself? Hard to describe where I am at. I have no more a history. No one here knows or cares to know my past. I have very little personal friendships – it is very much an underplayed theme here as family and corporations dominate. The links I have are expressed in tender smiles, some teasing. It is a comfortable, subdued atmosphere...no one is involved in my life nor am I involved. In fact, for cultural and political reasons, there is avoidance of the appearance of involvement. Buddhist detachment has been maimed to become indifference in most cases. 'Decency' demands no nakedness, even with intimates, even spouses, no naked feelings, no temper tantrums, no elevation of the voice, especially no tears. Jokes (verbal), even taunting permitted among equals and foreigners. So I can introduce some comical relief. It is good for the serotonin – without Prozac.

Sometimes I get a feeling of disembodiment as if my body and mind are in automatic drive and don't need 'my' involvement. Who is this 'I' who feels alienated from my life? Is the same mechanism responsible for the slowness of most people here in reacting to the spoken word or even crisis situations? Or is it I who is no longer 'fed' socially and emotionally, so my present is distant relationships and professional work, spiced with little joys of flowers, my cats and dogs, and sadness of dying kittens and

dogs. Kids in the streets love to greet me with greatly exaggerated joy and frenzy as they find in me a willing recipient. There is a great deal of bottled up energy.

I move a lot to visit districts and villages in Savannakhet (= region of Paradise!) and other provinces, but strictly for work. Snooping foreigners are easily equated with spies. So, even seeing touristic curiosities is hard. Even so, the countryside is beautiful even if the roads are difficult. The green rice fields with the surrounding trees (often real forest still) are really deeply moving because of the many varieties of green and texture moving in the wind. I love to look at it and marvel.

The Lord Buddha is said to have visited here during his life time and to have ordered that some of his ashes be sent here. Present day, Buddhism is nominally the religion of 95% of lowlanders. But to a lesser degree than in Cambodia, it is mixed with Shivaism, a South-Indian pre-Aryan Hinduism; all of this Buddhism-Hinduism only known by oral, very incomplete transmission (twenty-two years of communism did neither extinguish nor facilitate). Also a form of ancestor and spirit belief is very widespread. Ancestors have an 'altar' (a little house and offerings) in each house/compound. Ancestors protect if happy, destroy if they are unhappy with the offspring. So they insure continuity, link people across time but divide them in the present. All of the belief systems can easily be turned around to blame the victim and demand acceptance of suffering as rightful punishment, expiation. This obviously is not favourable for (prompt) health care.

Christians are in nine villages (+ or – 3600 people) and in the urban area are some expatriates and a local minority of Vietnamese, who arrived with the colonizer. Eight of the nine villages are of excluded people, converted as a form of exorcism. So these make three distinct groups: Vietnamese Christians, exorcised Christians, expatriates. The two first have an ambivalence to meet the last and fear each other.”

In addition to the children just described, Cecile told Marcia about another girl whom she took in. “One girl came to me as a housekeeper and when she came she was eighteen – Somphong. And what struck me in the beginning was that she not only seemed very shy but very afraid: afraid of the cat, afraid of the dog, afraid of me and I really didn't feel at ease at all with her giving me those looks as if she expected to be beaten. So, after three days, I said, 'Look, Somphong, we can't go on like this. You have to relax. The dog isn't going to do anything to you; the cat isn't going to do anything, either.' 'But I haven't done anything,' she said. And I said, 'No, you haven't done anything except being afraid and that is what I can't take. It's too much.' ...And so Mora heard me argue with her and he basically took over and seemed to convince her much more than me that she should relax and could relax, and I really pitied her because someone who is afraid 24 hours a day, it's really pitiful to see.

I tried to understand how she functioned, and what struck me immediately was that, much more than most people around me, she seemed to do a lot of active problem solving; really observed well and was thoughtful in her actions. So I thought, 'well,

maybe what would give her more a feeling of self confidence is to learn something.’ I asked her what she wanted to learn and she said, ‘Oh, no, you make a big mistake. I am a very bad student; not me you should try to help.’ And I said, ‘Somphong, maybe you are not performing very well in school, but from what I observe from your work, you can learn. It’s a matter of realizing you can do it. And do something you like.’ So she said she would like to learn English. And I sent her to the English school and she learned it double speed, so very obviously she could learn. And then also when her English was at a reasonable level I said, ‘Okay, now what’s the next thing you want to learn?’ Oh, she wanted to learn computers. I said, ‘learn first typing, and when you have a good knowledge of where the letters are and have some speed, then you can learn computers.’ Which she did. And slowly she accumulated enough office skills that by the end of ’99 when I encouraged her to compete with others for a secretarial job in our team, she came out very clearly better than all the others. So she worked as my secretary from then on...she herself started telling people she was my daughter. And I couldn’t put my finger on any particular date when I made the decision, but when I heard her say it, I thought, ‘yes; all right.’ So I affirmed it and that was it.”

But Somphong was not the only young Laotian lady that Cecile took to; there was a 19 year old girl named Pouk. Pouk did not actually live with Cecile but spent a lot of time in Cecile’s house.

“Her father and I shared an office. And I still remember telling him that I have some free time. I would like your daughter and also Somphong to participate with some of our workers in learning English. His first reaction was ‘forget about my daughter; she cannot learn. She is not very clever in those things.’

But I said, ‘No, I think she can.’ And so, I almost pushed him into letting the girl further develop. ” So from then on she and Somphong took courses together and developed side by side becoming increasingly supportive one of the other and of Mora.

Mora or me or a combination of us two attracted many young women to the house so we often socialized with half a dozen or more of them with Somphong and Pouk doing the role of hosts. Both have persevered in their studies to post secondary or AA level. Somphong in New Zealand and Pouk in Australia. Pouk and Mora are happily married and living in Australia where Mora is in 2006 hopefully finishing up his bachelors in Nursing.

Toward the end of the Laotian period Cecile discovered an eight year old boy named Khonesavanh on one of her nutrition survey trips. A year or two before he had developed a neuromuscular disease, transverse myelitis, which was debilitating but apparently not progressive. He could not walk. He was about 8 years old. So he spent a lot of time lying in their hut or alternatively his mother carried him. Cecile thought he would improve with appropriate medical and other care, so she took him to Vientiane,

more or less with the consent of his mother, who did not dare to hope for better. Anyway, he joined Cecile's household and treatment progressed. By December, 2003, he could walk with a walker and could even do stairs. Cecile began formal adoption procedures in Laos, but, as of this writing, the adoption has not yet been completed. She hoped to take him with her when she went to Congo in February, 2004, but the adoption situation prevented such a move, so he has remained in Laos with her housekeeper and her family.

Throughout her years in international public health work, Cecile had to deal with several physical problems. We have already referred to obesity; it was not until 2004 in the Congo that she was able to achieve significant weight loss. In earlier years, diabetes was a serious concern as was high blood pressure. With the weight loss, both of these other conditions disappeared. She had suffered a torn meniscus which later required surgery. The condition was never completely corrected as osteoarthritis came as a complication.

More troubling, probably, was retinal degeneration, which was identified in 1977 but which progressed slowly until 1987. In July 2000 she emailed: "In 1987 in my right eye and in the last six months in my left eye, vitreum broke down. In the right eye there is a cord and a folded curtain left over of the vitreum and hanging in front of the macula. This literally veils my sight and also gives transformed images (like in a funny mirror). The ophthalmologist in Durban told me it can and probably should be operated upon, as it risks to make me functionally blind, but that he has little experience and could not promise recovery of sight... Since 1961 there were predictions I would go blind by age 50 because of very strong astigmatism. Then in 1978 again there was a threat because of the retina degeneration. Now there is even much stronger astigmatism and the broken vitreum. Blindness did not yet happen and I think we can still postpone by 5 – 10 years. It is a very real threat though, and if we cannot do anything, it may come much earlier.

Does anyone have contacts on Braille? I may better prepare now rather than later. One of my best South African friends, now a high court judge, became blind as a toddler. He has an exquisite skill to recognize spaces and forms and is a real man of justice and peace. So eventually I will be in distinguished company..."

Visits to ophthalmologists in Belgium and Hopkins showed that the condition was apparently not progressing, and in 2004 Cecile was advised only to have annual checkups.

In June, 2005, while Cecile was in the United States, all of us noticed a tremor in her legs and hands. The neurologist she consulted immediately diagnosed Parkinson's. She returned to the Congo with a year's supply of medication which caused a noticeable improvement in the tremors as soon as she began taking it.

While in Laos Cecile developed pilot community health programs in various villages. One dealt with the chlorination of water to make it safe for drinking. The chlorination was especially needed prior to the cholera season. As always, her chief concern was making the equipment and material available to the poorest of the people. She sought help from Maryland Presbyterian Church. The idea was to produce a bleach solution by machine, bottle it, and distribute it for use by 30,000 people in one province and about twice that number in another. The project was successfully completed.

In April, 2000 she emailed us about the chlorination work: "...A natural question is – would it not be more simple to teach people to buy bleach commercially? The answer is 'no.' These isolated poor areas have little marketing and bleach is not there. Moreover, the commercial bleach is very concentrated, therefore dangerous and when available, there is no way of selling it in small quantities as there are no appropriate bottles.

So next week I'll try to make sure we can buy from World Bank funds the equipment (bleach machine, jerry cans, bottles, tank for making the hypochlorite and batteries). MPC contribution could then be the provision of the cost of refills for the poor. I reckon in each area there are about 40% to 60% absolute poor (not enough to eat). This means about 8000 people or about 1600 families. For each family we will need about 2 cc bleach per day or 360 cc for six months. As you know, I am still trying to find out what the recurrent cost (without assigning any part of the investment) for this will be, but my very rough guess is it should be well under \$1 per family..."

I have a report dated 2003 which describes in great detail the various village Laotian pilot projects. There is no author cited, but Cecile confirms she wrote it, I have selected descriptions of one, as an example of the kind of work that was done, and placed it in the Appendix.

Cecile worked for the Belgian government until February of 2002. "...our Belgian government had a big shake-up. The Minister was no longer Minister. And suddenly people discovered that I was more than 65 so they told me I could no longer serve in the same role. And almost immediately, literally three days later, a subcontractor of JICA (Japan International Cooperation Agency) called me and asked whether I would join their team to work on the Lao national health master plan for the next 15 years...The team leader of the Japanese had seen our pilot zones and had been very impressed with how different they were from the normal run of government services. They had also seen the zones in the different provinces so they were aware that we had covered the different provinces and had a better knowledge of the national scene than most people. So I don't think it was any outside recommendation; it was directly the team leader who had heard that I was free and took the initiative.

I didn't leave Laos at that point. I started working with the Japanese on the nutritional aspect for the Lao national health plan because that had been totally forgotten

originally. I had three days to prepare it and defend it to the Lao officials. They accepted the plan enthusiastically. We now included in my work reviewing other aspects of the master plan which had been done by other people to look for feasibility and for eventual cultural misfits of things. So, because of this work with them, they then asked me to go with them to Sri Lanka and repeat that process in Sri Lanka for a health master plan for the next 15 years. The work in Sri Lanka was done in spurts of 2 to 3 months; in between I would return to Laos.”

I’d like to close this Phase with a vignette Cecile emailed us from Sri Lanka in June, 2003. “I just had a visit by my driver, his wife, and 7 month old child. The baby has seen me four times in a month. She is a healthy little doll, quite lively looking and investigating. The three first times she seemed frightened by me. Today she clearly recognized and expected her treats: some juice, some yoghurt and asked actively for more. Then we tried tomato soup; I had made it spiced with celery. She loved it. When her parents had to go she reached out for me and tried to say things as if she wanted either to stay or ask me to go with them. She and I stood there maybe 30 seconds gazing into each other’s eyes and soul, visibly moved and exchanging true recognition. No, I do not know whether we have known each other before; it does not matter really. We met more truly and deeply than most people ever meet another human being. It is a little miracle. My mind went totally silent gazing into mystery and when it was over I felt I bathed in the silent diffuse light of the solstice. So I want to share that light with us all. Much love and a big hug!”

I suppose by now you can understand why the title “Missionary Impossible” might be appropriate because of Cecile’s unfailing bent for going out of the box in her work and almost always landing in hot water. But the title, at least to a certain extent, fits her personally also, in my opinion. She can be really “impossible” to deal with in some ways. I’ll give some examples and you can form your own opinion.

On a recent visit at the homes of two of her hosts, without a by-your-leave, she ran up large long-distance phone bills on calls to Africa. One hostess “ate” the bill, saying since she couldn’t go to the Congo, it was the least she could do. My husband, Branch, and I did the same. We got Cecile a phone credit card before she could do it to a third host.

One host made it crystal clear that Cecile was not to use the host’s email, since there was some kind of minimum charge plan, and extra usages incurred charges. Branch and I made it also crystal clear that she could have unlimited use of our email and we live near the first host. Did Cecile adhere to this request? No. Apparently unable to wait until she was transported to our house, she pushed for just this one “oh-so-important” email on several occasions, and her host did not know how to put her foot down. Branch and I hypothesized that this kind of behavior was an inevitable byproduct of her boundless determination to do everything in her power to help the poorest of the poor, and she thought everybody she inconvenienced shared her motivation.

I suppose boundless determination requires a certain amount of self-centeredness. An example of this sort of self-centeredness occurred when we had a birthday party for Cecile to which members of the Mission Committee and a few others were invited. It was purely social – no fund raising; no presentations of Congo projects; just a friendly get-together. Well, for at least half of the people there, Cecile might as well not have been present. She kept her formerly big fat a... firmly rooted to the living room couch and made no attempt to mingle with anybody. Only when someone took the initiative and sat down near her and began talking was there any interaction. I was very annoyed, to put it mildly, because I had looked on the party as an opportunity to strengthen relations between Cecile and her chief supporters in Maryland.

As I re-read the above, it does all sound petty. But I think I see a way to understand. The above examples are totally inconsistent with Cecile's frequent pronouncements, oral and written, about the importance of understanding other people and really listening to them and appreciating where they are coming from. I don't think she ever behaves as described above with people she is trying to help. I think she approaches villagers, people seeking help at clinics and hospitals, and schools, and on the byways with the greatest respect and consideration and friendliness. They usually end up adoring her; she will do anything for them.

I think it may be different with privileged people. Cecile is probably much more confrontational and abrasive with people she regards as rich and/or powerful, and, as such, oppressors. In a way, I think she likes poor people better than she likes rich people. I think she tries to challenge the rich and powerful when she thinks they are part of the system of oppression. And I believe she acknowledges this tendency, because she frequently writes about her need to restrain herself from being judgmental.

I recall one Sunday after she had left Baltimore for West Africa in the early '80's and returned for a visit. She gave the sermon at Maryland Presbyterian Church and it was full of examples of what she was learning from her networking about the atrocities being committed under apartheid in South Africa. I have no notes from this sermon, but my memory tells me that relentlessly she discussed examples of the horrors and hurled denunciations at the apartheid system and those who not only supported it, but who were not doing anything to oppose it. Now picture this: a small, affluent suburban mainline Protestant congregation, most of whom think Christianity means being nice to each other and not making waves, being yelled at by a large, foreign fanatic. Her closing words were, "Now, you can't say that you don't know!" Practically everyone was looking for the nearest exit. I thought it was wonderful and that Cecile was exactly right on target, but I believe a lot of folks were uncomfortable.

On another visit to Baltimore from West Africa during the period when Cecile was working hard on AIDS education and research trying to get the churches to be realistic and compassionate in their approach to AIDS, she met with a small group of Presbyterians. I have no notes from this event, but I remember that Cecile lit into one of the women present who, as I remember, was expressing the conventional stereotypes about AIDS. Well, the woman was greatly offended. I wrote Cecile after she went back to Africa chastising her for her treatment of the woman. Cecile was just crushed. Her next few letters were full of expressions of remorse; she wrote the woman; she wrote the Mission Committee; she wrote me – all asking for forgiveness. She kept it up so long that I finally told her, “Enough breast beating, already! Time to move on.” But, as I think it over, Cecile’s intuition was probably right. The woman could well have been speaking from a homophobic prejudice, lacking real knowledge of the subject, and not even knowing that she was ignorant.

But it’s time for us to move on to the last, current phase of Cecile’s career: the Congo, where she raised her Missionary Impossible status probably to its highest so far.

PHASE VII. DEMOCRATIC REPUBLIC OF CONGO
PRESBYTERIAN CHURCH U.S.A.
2004-2005
NGO BUTOKE (“LIGHT”) 2005 –

Early in 2003 Cecile approached the headquarters of the Presbyterian Church of the United States of America (PCUSA). She knew that her contract with the Belgian Technical Corporation was ended and that she was past the standard retirement age of 65. She considered what she should do in her retirement years, and thought about volunteer work with support for expenses as well as another paid job. She decided to offer her services to PCUSA as a missionary to the Congo. It took some months to come to an agreement as to where and how she should serve. Toward the end of 2003, it was decided that she would represent PCUSA as a medical mission worker in two provinces of the Democratic Republic of Congo (DRC): West and East Kasai. She spent the month of January, 2004 being oriented by PCUSA in Louisville and New Mexico and left for DRC in early February.

Shortly before her Presbyterian mission orientation, Cecile identified in writing some issues which would need to be addressed, or, otherwise said, some challenges that would need to be faced working in the Congo. I am including part of this analysis because it shows what a grasp she had of the situation even before she set foot in PCUSA headquarters, let alone the Congo.

“...The mission work I will undertake will be in Congo in the two provinces of Western and Eastern Kasai. These provinces have been provided with some social services (health and education) through Presbyterian churches since 1878. The

Presbyterian missionaries tended to be theologically conservative but socially very progressive.

The work of the 'Presbyterian' health network has and will have some church resources from PCUSA but not enough to satisfy even the most basic needs of all the health institutions that claim to be Presbyterian. In fact, it seems concentrated on one Hospital, the Good Shepherd in Tshikaji, equipped for doing mostly secondary or even tertiary health care. The government of Congo is not about to subsidize the health network as most of the government resources, coming from MIBA and other diamond mines are in Eastern Kasai, (and) go still into maintenance of the army and warfare. The mines provide resources to several warlords and the head of state, Mr. Kabilla, and this is linked to dealings by 157 foreign firms (UN report, 2003). Blood diamonds are now well-studied and one hopes can be gotten under control.

Primary Health Care (PHC) is a basic right that makes most sense when people have access to enough food, and safe water. People in Kasai are in dire straits as WFP measured in 2002 that even the employed middle class had on the average only 60% of needed calories. Development is badly needed as so many people were displaced by the mines and have little meaningful access to agricultural land. Peace is needed so that people can cultivate whatever land they have. Water? I do not know what the situation is. Peace, food and water are likely to be people's priority far ahead of medical care and it is correct to consider they should have higher priority.

...USAID is sponsoring IMA and Sanru III mainly for pharmaceuticals and medical supplies but I hear rumors that many institutions in the Kasais have no or irregular supplies. That is explained by the fact that some could not give the necessary warranties of transparent management and good medical practice. I might be able to provide some technical assistance and get supervision working again and that might improve supplies. But we should not forget USAID support is among the most politically manipulated and volatile money. So, at best, this may be a band aid for a while.

PHC might be able to function based on some type of community insurance scheme or of a combination of users' fees and subsidy for the poor. But the management of such a system demands faithful honesty and cannot work if health workers themselves have no living wage and if the community as a whole is not on the average above subsistence level.

USAID and others have encouraged users' fees but it would seem the absolute poor are not covered at all. The barely monetized people have been accommodated by pricing in kind. But absolute poor people must be dying because they cannot pay in cash or kind...Unacceptable anywhere, but surely in missions?! Where to find the money for the poor? Keep PCUSA money for that purpose? But, as before 1960, the church has heavily subsidized secondary care rather than PHC for the poor.

These are some of the questions I need over time to raise with the ‘Communaute presbyterienne’ so that the church as church can conscientize people, help them build more healthy social and community life and work for social reform and transformation. Lay the foundations for democracy right in the communities...”

Also, in late 2003, Cecile prepared a definitive statement of her beliefs regarding mission:

“I submit mission is about entering a community and together witness to and celebrate God’s peace, love and His passion of equity. The community may be recognizing itself as believers, even Christians, as is true for 78% of Congolese. It may be that they belong to other monotheistic religions (Muslim, for example) or even animistic or polytheistic religions. As each human being is a child of God, each of us has some degree of intuition about God and His expectations. That intuition is often awoken when people are associated with a true witness.

God demands from every human being to be in His image by:

- Compassion for all human beings and all God’s creatures, respecting their uniqueness and ready to serve them in their needs
- Passion for justice, including social reform of the largest possible community and social transformation of committed believers (your Kingdom come)
- To live and work in hope and lighten hope in those still capable of it
- To seek Peace with and for all people
- Celebrate in your heart the beauty of nature, the achievements of people, every little and great victory for compassion and justice, every sacrifice made for love, justice and peace. Give thanks to God seeking His light in all events.

Missionaries are obviously held to the same; maybe they are also responsible to bring celebration to the community of each human achievement they accomplished or observed as testimonies to hope and God’s love.

Medical mission is about doing this through the healing professions. But it is definitely not limited to clinical work. People’s health relates not only to medical care or to their own health-seeking behavior. Doctors and nurses too often are left putting band aids on wooden legs. Health relates to war and peace, to full participation in the community, to access to basic resources, food, water, clean air, education and information.

The access to basic resources is regulated by society’s politics leading to a great variety of degree of equity and by the depth and frequency of poverty. Social reform is trying to help the victims. This has been a traditional role of church related social

services and NGOs. Social transformation, instead, is about fundamentally changing society so that equity reigns. No individual believer can tackle all of it; no one should try to turn a blind eye to it. The more people are aware and understand, the more one can hope the community will take action and construct a progressively more healthy and just society.

Social reform is an obligatory component of mission but we often have to prioritize between needed social reforms...

Social transformation? Some examples are the base movement of liberation theology in Latin America; the Dalith movement in India. Many missionaries and churches confuse the kingdom of God with the rule of the church, imposing a new culture and set of orthodoxies and orthopraxis copied on Western culture of 100 years ago. Others instead seem very uncomfortable to be linked to social transformation efforts, no matter how genuine. The only hope is that missions will increasingly facilitate transformation, but leave the community to construct a progressively more healthy and just society.”

I have not presented much history about the various countries in which Cecile has worked. For those of you interested, there is some of this kind of material in the Appendix. I think you might find some history helpful in understanding why there are so many Presbyterian Churches in the two provinces to which Cecile was assigned in the Congo, and I have put her rather graphic account of the political and social situation in the DRC, written in late 2003, in the Appendix.

Cecile’s assignment was to work with the network of local Congolese Presbyterian churches, the CPC (Congolese Presbyterian Community) as she carried out her overall duties of evaluating and making recommendations for the Presbyterian hospital system in that part of the Congo. And now, read on, as the social and political plot thickens, according to Cecile:

“The Presbyterian mission to the Kasai had the only black missionary, Ray Sheppard, and together with his colleagues Lapsley and Morrison alerted public opinion on the scandalous treatment of the Congolese. Many other missions joined in. This gave rise to considerable international pressure from the U. S. and Great Britain and Leopold II sold the Congo to Belgium in 1908 when it became a formal colony of Belgium. The treatment of the Congolese improved, but even so, beatings remained a standard legal practice by colonial administrators as well as school authorities. Only people with modern education were classified as ‘evolues (those who have evolved)’ and given more rights.

The Roman Catholic Church was admitted after Congo became a formal colony in 1908 and is therefore, with the Kimbanguists, the only two churches spread all over the country with a truly national perspective.

Nineteen twenty and thirty saw several prophetic movements in Congo that disputed the intrinsic claim of missionaries to be necessary to communication between God and the African people. These movements were severely persecuted by the civil authority with encouragement of the Roman Catholic Church and the consent of established churches. Religious freedom was only granted in 1952 after the major prophet, Simon Kimbangu, died in detention of almost 20 years under conditions that systematically sought to humiliate him as subhuman. His death became the provocation for a major campaign in Europe, particularly in Belgium, raising awareness about the violations of human rights and freedom in the Congo. These prophetic movements have given rise to the African churches of which the Kimbanguists are the most numerous and nationally spread.”

And now maybe you have a better understanding of why Cecile had felt it necessary to apologize publicly so many years earlier before a huge congregation of Kimbanguists. When she translated the prayer/apology for me in 2005, she commented that it could have been written today.

Cecile continues: “The social organization of colonial Congo did ill prepare it for independence; rights limited to ‘evolues,’ and settlement patterns in which races were strictly separated. There was no freedom of movement of the local population, in theory to avoid wild urbanization. The prevalent rules were in many aspects similar to South Africa’s apartheid system and people had, by and large, been driven into tribal territories and subjected to traditional chiefs.

Congo shares with several other African countries rich mineral resources: gold, uranium, copper, coltan and diamonds.” (I imagine some of you are thinking: “I’ve heard of the other stuff, but what is coltan?” Well, I don’t know exactly what it is, but it’s some kind of mineral that’s widely used to make cell phones.) “These resources did never benefit the population, but were in colonial times almost wholly owned by ten Belgian families closely aligned with the royal family. This mineral wealth became the major reason for intervention in Congo by Belgium, USA and France even after independence. It was the main reason to support Mobutu or at least tolerate him. Since then, African nations as well as companies have armed civil strife or organized outright attacks to get control of these resources, using generous supplies of American and French arms.

The diamond mines were discovered in Kasai, the Presbyterian territory in 1910, and a large part of the territory of Eastern Kasai was given to...entities called MIBA and

Sengemines. MIBA is a mixed enterprise with majority holdings for Congolese government, minority holdings of De Beers and UNICOM (Belgium). Sengemines is a somewhat privatized branch with Zimbabwean government participation. Both governments use the considerable income to pay for their armies as well as reward high officials and engage in civil war.

Right from the outset, the mining companies' obsession with exclusive rights on the diamonds dispossessed local people of land and created a kind of local apartheid system that lasted well into the 1980's; clubs for Whites only; access even to the airport under strict identity control. The Baluba, a local ethnic group, lost most of their land to the mines and became semi-nomadic with village and fields often at 50 km distance from each other. Malnutrition is rampant among the children as they are left alone sometimes for weeks on a row. People living around the mines often seek some income from illegal mining and yearly hundreds are taken in illegal detention by the company guards and kept until sizable bribes are paid. Teens are killed in extrajudicial killings. People reporting these violations have been harassed and jailed."

So Cecile was sent in February of 2004 to work on improving the functioning of several Presbyterian hospitals in the Kasai Provinces under the supervision of the Congolese medical director, Dr. Augustin Mwala.

For most of this history I have tried to tell Cecile's story through her own words. Cecile's writings from the Congo period are almost entirely contained in emails, mostly from her, but some from her support group in Baltimore, PCUSA officials, and a few other people. So I will let the stories unfold with occasional quotes from others.

In an email to the Baltimore group, dated 2/15/04, Cecile wrote:

"Dear friends,

I am writing this from Kinshasa. I have been here 36 hours now and am not so eagerly waiting to start on Monday the official courtesy visits and formalities.

But yesterday I started the real landing. I met my old friend, Jean Masamba and his family, and found comfort in our easy family chatter. We even discussed with banter and passion, who of us was senior. It turns out I am about 30 hours his senior and in the banter we reestablished with humor our kinship and the nonsense of one claiming precedence on the other. With him I found back some of his old family and helpers and we reminisced about those that have died in the last ten years. We also shared our old common histories of joy and suffering, and had a good laugh at the relativity of it all. A real homecoming.

As I wandered with him through the Presbyterian-Methodist center, he introduced me to new acquaintances and some new friends or, better, siblings. Yes, in Africa,

friendships and kinship are still transferable. If Jean introduces me as his sister to his brother we become instantaneously brother and sister and in fact accept we just discovered the truth rather than establishing something new. He is the vine; we are the branches almost effortlessly...the juices flow.

This morning a Cameroonian 'sister' of Jean told me I looked so familiar to her, and we established we might have crossed paths in WCC in the 1980's. Then we might not, but who cares? The spirit was moving between us and in us. We started discussing in more depth exploring and reaffirming consonance and harmony between us. She and a Swiss lady came here to establish a prayer network for peace. Without my knowing this, I talked about peace and my own and family's commitment to peace and justice. They loved what I said and asked me to be their keynote speaker on Feb. 22 in Kinshasa. I am thrilled and in awe. Please pray that I may be a worthy vessel so that people hear in their heart God's suffering and call for positive peace making, not prayer as an escape or a passive appeal, but an active commitment.

The Congolese adventure has started and it seems to have been waiting to grab me as soon as I came.

I hesitate to ask, as it can sound so formal and trite in American context, but can I please call you by your real name, my brothers and sisters? Love, and a big hug. Cecile"

A few days later Cecile emailed us again. I am including most of this letter because it gives a general overview of what Cecile's work assignment was but also shows how interpersonal relations with individuals and the needs of a society intertwined in her thinking.

"Dear brothers and sisters,...

I arrived in Kananga and was received in the airport by Rev. Mulumba (General Secretary of CPC) and a delegation of the highest authorities in the CPC as well as Nancy and Mike Haninger, PCUSA missionaries, living in Tshikaji, like me. I was taken first to the Protestant Center for a welcoming meal and delivered home by Rev. Mulumba himself. People from Tshikaji had constructed a gate with palm leaves and flowers at the very entry of my house, so that I would know how happy they are with my arrival. They also had repainted my house and made sure all the essentials were there to sleep and eat. The love and care is heart-warming. It is hard to imagine people's joy and hope when a new missionary arrives.

Moreover, Nancy and Mike Haninger, medical missionaries, live nearby. They had someone start on cleaning and preparing the road between the houses. They have been helping me almost by the hour. The niche I occupy already in their lives and that of so many in Tshikaji is just one of those miracles in life. I am just overwhelmed and grateful to God for this extraordinary blessing.

Yesterday, I met by chance in the corridors of the hospital, Professor Ilunga. He is an elegant, well-spoken Belgian, fluent in Dutch, French and English, plus his mother tongue, Tshiluba, a Professor in Management at the Catholic University of Leuven in Belgium. He was born in Kananga from parents who were pushed out of their home in the early '90s because of ethnic belonging and have since come to live in Kananga as internally displaced people. He left Congo seventeen years ago and came back to explore how his African family is doing and prepare them for a visit by his Flemish wife and children, who are so eager to get to know the grandparents and aunts and uncles. I listened long and hard as he was in real shock, having discovered the extreme poverty of his parents, living in a hovel, not eating well or enough. He also grieved the fact that his brothers and sister seem to have lost a sense of direction and of solidarity with the parents and each other. He found it hard to accept that his father has aged beyond his chronological age (67 years, the same as me), looks defeated, almost without interest and joy in what is happening around him, but has no major physical illness. Prof. Ilunga desperately wants to make it right for his parents and also give a chance to his siblings.

I was very struck by his grief and good will. Whether, like him, we have blood family here or we are committed to all children of God, the contrast between our well-being and people's suffering is almost unbearable. May God forgive and help us right the wrong. I have offered that Dr. Mwala and I can serve as bridges to his family and help with communication and responsible transfer of resources.

But, above all, I hope his distress will find an outlet in raising awareness among Belgians about the crying need for solidarity with the peoples of Congo. I could not help but chuckle to myself at the humor of the situation of our reversal of roles: he probably becoming a prophetic voice in Belgium and me struggling in Africa to help people reach out for God's grace.

Next Tuesday, Rev. Mulumba, Dr. Mwala and I will begin a long tour of all Presbyterian major health institutions in both Kasais. We will cover more than 2000 km of some of the world's worst roads (worse than Laos is not yet sure) to reach people who have not been visited by church or health authorities for decades. We will take one month to get around and spend significant time with pastors, health workers, teachers and some elders. I expect that wherever we go we will find people rejoicing that someone remembered their existence. I expect great blessings to them because they may feel God answered their prayers and reconnected them with their own church community and nation as well as with the wider world and church through me.

We hope to hear from people both what improvements (have been brought) through the Presbyterian Health Institutions, and what felt health needs are not fulfilled so far. We will explore whether the local congregations and Presbyters are willing to play a more active role in community health, especially regarding HIV/AIDS, family planning, and nutrition, and in identification of the poor that would need free care. All of these are

high priorities in Congo as it struggles simultaneously with a significant HIV epidemic (about 5% of adults are HIV+), and the after-effects of war/civil war, including generalized food shortage, malnutrition of the very young and old, many widows and orphans as well as abandoned children.

Rev. Mulumba hopes this tour will be a significant start for the development of a community-based Health Ministry of the church. We hope and pray so. A lot will depend on how much vision and commitment people can generate in their present state of shame and grief about all the betrayal, destruction and death and worry about family and themselves. I expect our visit will be seen as a first answer of their prayers, and with a little encouragement from our team and God's grace, there will be vision and commitment.

My next letter will probably be delayed a little, as the whole of March I will be on the road, far from computers and even electricity. Keep well! I will take care and do only the necessary risk taking. I put my life in the hands of God...and the driver, as the roads are probably the greatest danger. Please pray that this major effort will bear fruit for the people we will visit..."

Poor Cecile has always been plagued by bad roads in her work in developing countries. Indeed, I think she believes the jolting around may have contributed to her retinal problems. This next email from mid-March, 2004, has more road woes, but also introduces some work that Cecile undertook on her own, "outside of the box" of her formal PCUSA assignment.

"...Yesterday we got to Mutoto, about 80 km north of here driving largely through footpaths that are badly eroded as they go over hills. We made the 80 km in three hours of roughly, 27 km/hr or 18 miles per hour. In many places water has created mini-canyons in the middle of the path, but we got there! The land is sparsely settled and is partially beautiful primary forest, partially savanna.

We were very well received, had good discussions on health but the very most urgent help needed is SEEDS. The area was prone to militia attacks until beginning 2003, so about 1/3 of the current population in the area were internally displaced for up to ten years. Many have lost all assets. Fields are only partially sown, as even though they tried to save seeds by eating less, they do not have enough seeds. So there is a real risk this year will be worse and they are caught in a vicious circle. I am urgently seeking seeds from WFP. If not possible, I will buy. We think about \$1000 of seeds will make a real big difference in a village of about 6000 people (1000 families). Needy families could each be provided with some and a collective field could be developed to provide for the many orphans (war and SIDA and starvation), widows and elderly without living offspring.

The Presbyterian Women's Association of Mutoto seems motivated to organize this and the church will help with accounting. We have already discussed to combine it with a feeding center for the most malnourished and nutrition lessons for all. They seem to realize the problem is wider and deeper than average food security. It involves new stresses on solidarity and a better understanding of nutritional requirements. They are ready to include everyone, whether Presbyterian or not. We have discussed with Rev. Mulumba, who very much wants to encourage this, but also wants to spread it to other equally or even more needy areas. This season, as it is already raining, is vital for sowing, so I do not know how much we can do on short notice, but we are trying BTC and WFP, PCUSA Self Development for twenty such sites, trying to catch the next sowing season. Or do you feel we could act faster with a Presbytery initiative?

Sorry to seem to jump the gun, but people suffer, and this is the time we can help to prevent worse and even if we cannot help all, we should in true witness to God's love help those He has put on our way. Isn't it (so)?"

This rather sparse and somewhat disjointed account is the earliest email I have about Cecile's recognition that improvement of nutrition was probably the key to improving health care. Her tour of the hospitals obviously lasted past March. In April she wrote the day before Easter: "Today, April 11, this message is written on black Saturday, the day Christians in Catholic and Protestant traditions remember Jesus in His tomb. Only tomorrow comes Easter, the day of His resurrection. Tuesday will be the full moon of the Hinayana Buddhist New Year. Both speak of death and hope in eternity. Both speak of how our universe knows suffering and death but also an ultimate hope. Our experience has been very much in this realm.

This last week we finally were able to go to two important Presbyterian hospitals, Luebo and Bulape, located in the more remote areas of the Kasai, where the military front was during the war. We had been delayed by rains, lack of an available car as well as lack of funds.

We know in this region both rebels and government soldiers manhandled and killed villagers. Moreover, until recently, trypanosomiasis (sleeping sickness) was endemic. The team of the Bulape hospital made a major effort to control it. In 2003 many hogs died, probably of swine flu and also many people became ill. Some recovered, but many died.

Villages are widely scattered at sometimes 20 to 30 km away from each other. The average density is less than 18 people per square mile. The villages are small, some just one family; four to five huts. Some have up to 2000 people but with their fields often at long distances (20-50 km). Good agricultural land is scarce. Roads are trek paths, mostly. People move mostly on foot and trek 100 km or more for essentials. Access to health services is limited by distance and fear of going out of one's community.

As we drove on Tuesday afternoon (April 6) and again on Friday on our return, in village after village people waved and greeted and were clearly happy to see us. Children danced, shouting 'ONU' (French for UN). We drove in fact a church car but it is white like the UN cars and after all they got the essence we want to help establish real peace where people are respected and cared for. But in the villages we passed on Tuesday night and Wednesday night in the dark, you could hear the youth whistle sharply to signify alert and you could hear children and women shrieking in fear as they mistakenly thought the car transported military people. I prayed God might give them peace and trust and might forgive us. I vowed never again to pass in the dark, but there was no way we could stop or return...

We found both hospitals (Luebo and Bulape) doing a very credible job in general medicine, surgery, obstetrics and pediatrics, but both turned almost a blind eye to malnutrition as they could not see how to manage. We discussed this in great length and together we will try to correct this by creating a field for the hospital with church volunteers and run a nutrition rehabilitation. More than 50% of patients are too poor to pay and cannot afford enough quality food for the kids. Couples still believe in having as many children as possible, but also somehow believe that means to be a true African, true Kasai, relying on God providing. The war made them even more committed to this. Remember the baby boom in the USA was also a postwar phenomenon. Family Planning has a long way to go, but we discussed whether starting by spacing and postponing reproduction is a possibility. Luebo in fact, after a couple of disastrous pregnancies in 14 year olds, seems to have at least gotten part of the message across.

We hope CPC will ask PCUSA to create some funding system for extra contributions to missionaries, called ECOs, or permit use of some existing ECOs to support all the vital initiatives...

We also hope PCUSA will give us soon a working budget, as now we, the Medical Department of CPC, have no access to a specific budget and we have to use general church funds and personal funds to keep going, literally. That might be good spiritual discipline for us. It may even help to lose some superfluous fat and come down to essentials, but it is not very efficient for the work. Still, we are happy that our witness to God's love cannot be harmed by it. Whatever little sleep we got on the trip, we slept like dead. We will soon recuperate to pick up our bags again to visit six more hospitals and zones, carpetbaggers hoping to be messengers of God's love and our hope in Him..."

Another email in May, 2004, gave a snapshot of what was apparently a big event in the Congo Presbyterian mission community. It was centered around the fiftieth anniversary of the IMCK (Institut Medical Chretien du Kasai) hospital, which had been founded by a Presbyterian mission family.

“...The 50th anniversary of IMCK attracted wide participation, especially from missionary families. We had heard they were to come, more than twenty in number, and, as in the good old days, take a small MAF plane and visit Lubondai, Luebo, Bulape.

They arrived and hit the ground running loaded with boxes and boxes of goodies, which, in good Presbyterian style, they insisted on carrying themselves, wanting not to load their burdens on others. The local workers stood aghast at suddenly finding themselves redundant, but also in happy anticipation that maybe some gifts would come their way.

The first day passed in defining which hospital would receive which supplies and in earnest questions on how to distribute the toys. The decision was made to give toys to schools for common use. All the while, the pilot caused a near riot by distributing 100 fr (about 25c) notes to the village kids, who tried to push and shove and fight to get a share or even a bigger share than others.

The second day the visiting groups left by plane to the outlying stations (Luebo, Bulape and Lubondai) and so the third day, too. Villagers tramped around the plane and asked over and over whether from now on, we, too, would fly. The answer is ‘no,’ as we cannot afford it.

Over a five month period a woman, born and grown up in Lubondai from the family which founded IMCK, had assembled memories and photos from everyone and composed a slide show on the history of IMCK in English. It needed a French translation in a matter of days. So I hammered away for about 30 hours, trying to be faithful to content and spirit.

I learned a lot, not the least that this Tshikaji mission station was led by visionaries and never gained the full unambiguous support of the Presbyterian Church in the USA nor the wholehearted support of local authorities. Maybe that is inherent in the fact that people in the USA could not grasp the grim reality and local people could not grasp the vision of a better future and the way to it. Maybe that is inherent in any real mission; or can we forge a better way, now that communication between continents is easier? Maybe we can do better in the future – better share the reality, the hope and the vision? Plant the seed more deeply in the soil and seek local gardeners more arduously? I learned profoundly to love and to respect the IMCK undertaking like an old, knotty tree full of scars and pushed over by prevailing winds, but alive and blooming.

My translation of the history of IMCK and of several conferences served as a bridge on which the ex-missionaries and their offspring and myself started communing and reflecting on the voices of the poor all around us, even their odious fights for 100 fr or, as happened, the stealing of a football. Some of the ex-missionaries...reflected on the past experience and their experience now. Some asked questions; some just observed on how and why I do not close off my yard or flee the voices, but listen to them patiently

even if I cannot always help or keep events in check and sometimes need to restore some sanity.”

This and the next two emails show Cecile more and more expanding her extra-curricular activities (I’m sure she didn’t look on them as extra-curricular) from feeding and aiding people in literally her own back yard, to more and more nutrition work via plantings. In June she wrote: “I want to give you a hasty update while asking for prayers:

1. Food and security: we have bought all soya we will plant and have also reserved the maize necessary. In Lubondai people have prepared about eight hectares! And it’s like an agricultural festival. Mutoto, too, is enthusiastic. Real cost already is about \$1400, and we have about \$400 more to expect. Please pray we manage; it is so important for survival and hope.
2. Peace: you may have seen and heard that there are serious attempts to destabilize the country even further, playing on old tribal and clan alliances, but aiming to get one’s hand on the mineral wealth.

The same is happening in our Presbyterian community, where a certain Mbaya now excommunicated pastor has wanted to divide based on clan belonging. Since 2001 there have been off and on violences by his gang and our hospitals have been attacked and robbed several times. There are new threats for June 24. In true nonviolent style, our brothers and sisters in Mbuji Mayi and Bibanga and I will join in celebrations of our unity in Christ and gratitude for His peace and protection.

I am right now in Tshikaji where we have had no violence (yet?) or direct threat. I will go on June 22 to Mbuji Mayi and Bibanga...but I am careful in a bold way, well rehearsed since my South Africa days.

We will organize a prayerful march and mass rally with celebration of prayers for peace and unity. We are hiring one or more TV crews and so any incidents would be recorded. That by itself will dissuade any or most perpetrators. I have reliable and wise and God-loving people around me, so no danger of cultural mistakes. Please pray for us. If we pull it off well, truly celebrating our unity in God, it may do wonders as the threats there are tribally and racially based in appearance but in reality try to give a pretext to rob the Presbyterian hospitals and schools. I will serve both as living witness to our oneness and our solidarity and as a visible international observer. I will also first train our own people in some basic techniques of non-violent celebration when under threat. We do all this under the spiritual guidance of Rev. Tshibemba (Legal Representative of CPC in Kasai) who is a Presbyterian Gandhian, repeated victim of violence and exceptional witness to God.

I have taken a loan of one of my sons-in-law to be able to finance in time the TV and other media. If anyone of you can contribute, that would be marvelous. Total cost estimated at \$1500, but potential benefit in conscientizing people is immense.

Some of you have asked whether I have an escape route. From the Kasai, either here or Mbuji Mayi, there are no escape routes. We are in the midst of the country. The best protection is to disappear in a friendly neighborhood and have protection at all times by friends. Both are planned and arranged, as I needed it two weeks ago in Mbuji Mayi. In Tshikaji I rarely leave the mission station and I am well accepted by most, so foul play is almost excluded. I think, all in all, we did what we can to be safe and active at the same time.

The thought of the then-large, white, and getting-more-and-more-well-known, Cecile successfully disappearing into an all-black community strains my credulity, but probably I just don't understand the situation. Anyway, Cecile insists she can and has!

In a mid-July email Cecile gave a more extensive progress report on her nutrition (seeds) project, which led to a special fund-raising effort by Maryland Presbyterian Church in Baltimore.

“...Today is a special day, as my agronomist Jean Lumbala is leaving today for Mbuji Mayi to buy improved peanut seeds and beans. We already have the maize and soya seeds we will soon plant. The project has spread like wild fire. In Tshikaji alone we now total 18 ha (one ha = 2.471 acres), Lubondai, 9 ha, and Mutoto, 4 ha. We are way above our original plan. The first \$1000 covered approximately the needs for the first four ha. We went beyond, driven by people's hope and prayers.

People have seen the hope and importance of starting agriculture again on a serious scale and to do it collectively, as many households lack a full complement of people to work the land. We have been providing food while they work the land and also essential tools. People still come home and beg me to help them grow food. Soon we will have to refuse new groups, because there is barely time to work the land (by hand with hoes, machetes and hatchets) any more and sow at the right time, as the first rains will come mid-August, hopefully.

So far we are OK, as I sold part of my life insurance, as my big kids near the end of their studies and will no longer need it. We will spend this season about \$7000. As you may remember, we will regain in December 2004 all the seeds we put in and be able to provide seeds for others for the next season. It is important that we keep the momentum and for each new group we add (about 20 groups, as most work maximum one ha) we will need about \$200 for food and agricultural implements while working the fields. So we have a minimum goal of \$4000 for additional groups by early February, 2005. For the old groups we will need about \$150 per group, or a minimum goal of \$3000, so that

we can feed them during the field work and replace some implements as well as provide new teachings on ways to work the land and feed the family.

We expect that, with two successive seasons of good harvest, people's food security will be much improved. Will it be satisfactory? We do not yet know, but by December 2004, we should have a better idea.

One great difficulty we face is exhaustion of soil, so special approaches are needed to plow and selective use of fertilizer. The other is people have (come to expect)... salaried employment that is well nigh unavailable, except for some day labour in town (20 km distance to be done on foot). Their 'conversion' to agriculturists has now been started by our project, and everything predicts good success, unless the army descends like locusts on the very visible fields. Risks? Hard to estimate, but we are prudent and use watchmen on the biggest fields.

Please pray for us all. I feel God wants these people to experience solidarity and renewed well-being after more than 15 years of suffering atrociously. I feel He is using and directing us to bless these people and the fruits of their hard labour. Yesterday Rev. Tshibemba (Legal Rep of CPC in E. Kasai) visited some of the fields. We prayed together and he blessed the fields. We will take the help of some other prominent pastors to do the same for all fields.

From now to December, people will suffer terribly, as we are already in full hunger season. I feed about 15 people at home, mostly kids and youngsters that are orphans or from broken families. It is a sad spectacle as one can see latecomers already in bad shape.

Please pray they do not lose hope and faith. Please also pray I can deal with it while remaining open and vulnerable. All help you can give will be gratefully accepted. If we exceed minimum levels, we will be able to actually more than double the hectares and provide for more people. May God permit us that grace!..”

In another email, Cecile wrote: “...Food Security and Nutrition Project has continued its efforts to develop collective fields in Mutoto and Lubondai, and we have been able to open the dialogue also with other agencies that try analogous projects. UNICEF data show malnutrition of children under 5 is very widespread among all socio-economic classes but particularly in rural areas and among the poor. It is significantly worse now than in 1995. People eat a few very bulky, starchy meals, which is disastrous, especially for children. Only about 10% families eat three meals a day in the Kasais; in Western Kasai, 22% eat one meal a day or less, while in Eastern Kasai it is 44%. No doubt, the main reason is lack of food availability. The further reasons given are overload on women who are housekeepers, traders or farmers. Men seek salaried employment and few find it. Even fewer help in any consistent way with child raising or agriculture. Very, very few know how to prepare food and do assist.

In Lubondai, Tshikaji itself and Mutoto, the enthusiasm to open new fields is so great it becomes a problem. Women volunteer to work on the fields by the droves. They expect each their own new agricultural tools from us. They expect to be fed during the work sessions. They hope for a good share of the harvest. Unless we are able to expand the surface and are able to buy more seeds, each added volunteer increases investment costs and diminishes the returns for each one.

We know people have few if any alternatives, as the security of crops is not assured on the family plots and seeds are hard to procure. In total, we have requests for over 28 ha. To refuse hungry people to eat is a sin; to refuse them to produce food is worse, as it kills whole families. But we cannot expand unless we have more means, so this year I sold part of my life insurance, preserving what I had planned as coverage for Khonesavan, my Lao small son. May God guide us to respond well and in a disciplined way this year and find enough resources for next season.

Can I invite you to help us by giving to ECO 051711 (of PCUSA) designating it for Department Med Food Security and Nutrition? We have covered the upcoming planting season of August and September. We need minimum \$7000 to be able to cover the next planting season for 50 hectares...”

In these spring and summer months of 2004 Cecile was seeing that, no matter how good the hospital and other health care might become in Congo, it wouldn't be very effective in promoting well-being if people didn't have enough to eat. And there was no question that people didn't have enough to eat, especially the very poor, which is a large percent of the population. So she started the projects you have just read about. The problem was there was no PCUSA money directly available, so she used her own assets and turned to her support group for money. Maryland Presbyterian Church, specifically in the person of my husband, Branch, worked out a process with PCUSA whereby a special account (called an ECO, meaning extra commitment opportunity) was set up to which people could contribute extra money above their committed donations to PCUSA mission work for Cecile's specific project. Cecile and Dr. Augustin Mwala were jointly the directors of the nutrition project. The main trouble with this arrangement was the very long processing time required for each donation to reach Cecile – a minimum of two or three months. It actually turned out to be much longer, due to some clerical errors in the transmission process. As you can see from the previous emails, Cecile couldn't wait two or three days, let alone two or three months. Substantial amounts donated were ultimately returned to donors after Cecile was fired.

To make the situation more complicated, regular mail almost never got through to the Congo or from the Congo, so mailing checks was not feasible. Furthermore, there was nowhere for Cecile to cash checks. The only source of cash was through a Presbyterian money office in Kinshasa, run by a PCUSA employee, with strict limitations

on the amount of cash that could be handed out. The only other source of cash was a money transfer agency, like Cook or Western Union. So we sent cash by Western Union, paying the fairly costly fee. Cecile evidently arranged for her assets to be transferred from her Belgian account to the PCUSA account and hoped to receive cash in the Congo. More about the money problem later.

You will recall that Cecile was assigned the task of participating in a review of a number of hospitals in the Kasais, and to write evaluations and make recommendations. She wrote a brief description of the hospital evaluation work in one of her summer 2004 emails. "...We were finally able to call the 'Medical Council,' (into session) regrouping all Presbyterian hospitals to discuss common problems, a vision of the foundation for our work in our faith, and what that implies as objectives and tasks to be carried out. PCUSA has funded and encouraged this activity, which was a strongly felt local need.

It was a very enthusiastic, almost exhilarating meeting ending with a list of tall orders to the Medical Department of CPC, to reshape as Coordination of Presbyterian Health Activities. We have a 24 page report which can be made available electronically but is still in French. In the next few weeks we should produce the highlights in English and will offer PCUSA and Congo network electronic copies. Then we need to start developing (based on these recommendations) a draft ten-year plan for the network of Presbyterian health activities..."

The summary of the highlights in English was made available. A perusal shows, among many other things, detailed reports on the conditions within eight hospitals in the Kasais with recommendations for improvement. There was also a draft plan presented. You will find excerpts from this report at the end of Appendix II.

Apparently during the Medical Council meeting June 9 to 11, 2004, CPC was asked to organize one day of prayer on June 24, which Cecile described in an August email: "...on the theme of our unity in Christ. This was motivated by the situation in Eastern Kasai where civil unrest based on tribalism and even clanism is still threatening and has devastated our two Presbyterian hospitals as well as done a lot of physical and spiritual damage to parishes and caused confusion of loyalties. I went and participated in twelve hours of continuous prayer, hymns and messages in Mbuji Mayi, the heart land of the trouble. We were joined there by 400 to 600 people and pastors from twenty different denominations: a real love fest and show of commitment to our unity. I am sure the Holy Spirit was very active in and amongst us and gave us a boundless joy.

I myself delivered a message in Tshiluba and in English and danced to the glory of God with the women and at one point with all pastors, carrying the bible on our head. (I had to hold mine, but to my relief some of the pastors also could not balance the book perfectly.) My message was direct and biblical: there is no race, no nationality, no tribe nor clan in Christ, no rich nor poor, no master nor slave. Three other local pastors including Rev. Tshibemba,... delivered clear, powerful and prayerful messages.

We have a three-hour video with the highlights. The prayers were broadcast live on four radio stations, and in one showing on a television station. As I was told by an inspector general of police, ‘The messages rocked the town.’ May the Spirit continue to rock it until enough people come to their senses and acknowledge in their life our Unity and become peacemakers. I am very grateful to have been part of this celebration...

Subsequently the Coordination of Presbyterian Health Activities and CPC in East Kasai will, as an ongoing effort, do broadcasts three times a month that address fundamental questions of holistic health, discussing physical, mental, social and spiritual health that represent current situations and threats. East Kasai needs prayers, needs partnerships, needs help. I personally hope a congregation, or presbytery from the U. S. will feel called to do so. I am committed to also personally support and help through prayers, visits and advocacy.”

It appears that some time in late July or early August, 2004, a friend who had spent a week with Cecile in the Congo earlier that summer, suggested that Cecile be asked to attend a brief Congo meeting (called a Mission Network) at PCUSA headquarters in mid-September. Cecile was very receptive to this idea, thinking it would be an opportunity for her to bring the needs she saw to the attention of many other people working with and in the Congo. The PCUSA authorities, however, were of quite a different opinion. In an email prior to Aug. 20, 2004, one of Cecile’s supervisors at PCUSA, wrote:

“Hi, Cecile –

The Mission Networks are not designed to be a medium where WMD or partner churches ‘sell’ or promote their agendas. The networks are intended to get congregations and Presbyterians engaged in mission in a particular country ‘around the table’ to learn from each other and to develop better coordination and cooperation with each other, so there is not duplication and redundancy in their mission efforts.

Yes, I am certain that you have many things you could contribute, but the intent of the network is simply that – to help congregational folk link with each other and learn from each other. It is not designed to be a promotional activity or a mission interpretation event, and therefore unless missionaries happen to be in the country they are not included in the network meetings.

_____ and I are both concerned that you perceive of your role as much more expansive than we talked about with you at orientation in January. We explained to you that your role was to assist the CPC medical department in developing its capacity to support and monitor its health institutions. This was articulated (a least by me) as meaning helping Dr. Mwala and the CPC leadership to develop assessment, planning and management skills. The challenge is for you to help Dr. Mwala, Dr. Mulumba, and the medical directors develop their skills in these areas, rather than performing the activities yourself.

At your orientation we talked about a work style of nurturing, supporting, and encouraging your Congolese medical colleagues in developing their ability and skills with communication, coordination, and handling the management and financial matters of their respective institutions. Therefore, training was an important focus of your work.

I must admit that, my perception is that you are more engaged in ‘doing’ than in helping develop the abilities of others to ‘do.’ I say this not to be critical, but to point out that the focus should be on preparing the medical leadership to carry on with these skills after you depart from the scene. Transferring your skills to them will enable them to continue to function at a more professional level in the years ahead.

Again, we do not mean in any way to ‘censor’ your perceptions or contributions to the mission process, but there are appropriate forums for addressing promotional and marketing of our overseas partners and the Congo Mission Network is not one of these forums. And you have engaged in promoting CPC programs that they should take responsibility for promoting themselves. We are trying to move away from a style of mission whereby ‘missionaries raise the money,’ and develop the skills of the church leadership in articulating their needs and communicating with supporting congregations.”

Cecile tried persuasion in several emails, one of which was sent Aug. 20, to her supervisors at PCUSA.

“Hi, Dear _____, _____, _____

Awaiting your answer, we have continued here to reflect on what I can contribute by attending the network meeting...

I hope you yourself will attend the network meeting. So you will be able to give much better than any one of us a historic perspective, even anthropological info. Mike brings IMCK experience Gyn and Ob and Nancy, Tshikaji Primary Health Care and food security and nutrition.

What I can bring which you would not be able to get if I am absent is recent in-depth experiences with:

1. the Eastern Kasai situation and efforts;
2. our medical institutions, their problems and efforts;
3. the Medical Council and the plans for the ‘Coordination des Oeuvres Medico-Sociales Presbyteriennes’ (I can bring an English report);
4. care of the poor, challenges and efforts (still translating a paper very well received by Congolese brothers, based on my experiences here at IMCK and other institutions);

5. food security problems and efforts in Mutoto, Lubondai and Tshikaji. Nancy, too, has done work in this in Tshikaji but we have now about 20 hectares under cultivation and can help understand the problem on a wider scale.

I realize not everyone may like to hear about all of this and the network may choose to give me very little time or even none. Not a problem, as those interested I can meet and discuss with on the side and I can contribute to discussions of related presentations.

All the five subjects need support and funds as soon as possible. They cannot wait until 2007 when I might, by your rules, be ready for mission interpretation..."

Cecile continued to press her request and to justify her visit, also pointing out the travel would be no expense to PCUSA. She urged her supervisors to check with the Congolese leaders, who, she claimed, very much wanted her to attend the network meeting. But to no avail. An excerpt from an email from her PCUSA supervisor to Cecile states: "It is apparent that you have understood the request for you not to come to the Mission Network meeting as some sort of criticism of you and your work. The decision to tell you not to come is based on the policy that mission personnel are not expected, required, nor desired to be engaged in international travel while at their assigned positions. There are some mission personnel whose job descriptions require travel and there are some instances where the PCUSA does specifically invite mission personnel for particular meetings. The Mission Network meeting, which lasts for all of 24 hours is NOT a meeting or time that mission personnel are to leave their assigned positions unless expressly asked to do so by the PCUSA matrix overseeing that person. Once your matrix was aware of your intention to travel we simply informed you that this was not appropriate."

Cecile arranged with a friend who was attending the network meeting, to present a brief summary of what Cecile would like to have said, which apparently was done at the meeting. In addition, the same friend produced a video on the history of the IMCK hospital and other happenings in the Congo and marketed it to support the mission work there, especially the hospitals.

Throughout the summer of 2004 and into the fall, Cecile engaged in other projects besides the specific hospital evaluation for which she was hired and for which she produced a report in June, 2004. These projects were in three general areas: work with impoverished widows, who had no rights of inheritance or other rights; prison work for people often imprisoned without a hearing and maybe, even worse physically, were not fed by prison authorities, but depended on relatives and others outside the prison to provide food, with the result that many starve; and getting emergency hospital care for poor people with life-threatening conditions but whom the IMCK hospital would not treat unless fees were paid. These three projects were in addition to the food security project (seeds), which proceeded apparently at a rather rapid pace.

An email of Aug. 24, 2004 poignantly describes the situation. “Today we hope to finalize the distribution of seeds in Tshikaji. Mutoto and Lubondai were finished yesterday. It was an exciting time for those who participated in the program, but also a time of tension between eating the supply and planting them, between cherishing what one got and desiring more; a time of intense pain for those of us distributing, for we saw more intense malnutrition and suffering... coming out and pleading for food. A little girl of 12 years and only 44 pounds no longer able to walk; an old woman, 66 pounds and barely walking...It was hard to find the right balance between feeding now and therefore at least gaining time for some to survive now against keeping the seeds for sowing and preventing more from falling into this hopeless state in the future. We did some feeding but a lot of seeds (were reserved) for planting. We had to make judgments on how much to give each one without being able to fully satisfy the needs of anyone. Most people felt awe and felt God had especially blessed this community. Still, as we had expected, some people pleaded bitterly, some even fought as they could not receive. We did a lot of praying for the people and for ourselves. May God accept our tiredness, loss of innocence and pain as rightful sacrifices. May we be forgiven if we made errors of judgment. May God guide us and teach us...”

In December of 2004, Cecile wrote a little about her efforts in the prisons. “Two local pastors, Rev. Tshibemba in Mbuji Mayi and Rev. Tshibuabua in Kananga have started planning an action in the prisons (Matthew 25: 41-46) where conditions are subhuman for those who have no nearby family members who can feed and supply soap and clothing. Rev. Tshibemba did so in 2002-2003 with ICRC support. The plan is to provide food on a regular basis as well as primary health care, hygiene measures and pastoral care and legal advice. I feel a deep joy that Congolese brothers and sisters want to try to face these appalling conditions and try to help and bring the Good News...”

It is 26 December. We have celebrated Christmas in prison in Kananga. We have had a foretaste of the misery that is there. Most of the 150 prisoners we saw are very young. They look in their teens. Very much left to their own; very much thin and tired. Some seem to near the end of the road, exhausted... We have not yet been able to see those kept isolated, or those that have a lifelong sentence for violent crimes. But we also have a foretaste of the joy at being remembered and at being offered good food and some fellowship. Personally I had an overwhelming joy at participating in this true feast of hope and love and a prayerful pain, knowing how little means we have to do what needs to be done, but also knowing we will try...”

The widows and prison projects, as well as the seed project, while outside Cecile’s specific job description, did not seem to arouse as much criticism from PCUSA authorities, judging by the content of emails, as when she started messing around with the hospital system and when she flooded the PCUSA Congo banking system with deposits of her own money (life insurance, pension, social security, et al) to be turned into cash to

pay for all of her projects, including large amounts for the emergency medical needs of indigent people.

Cecile claimed that IMCK had no emergency care for the poor available without a fee. Money had been raised which was intended for such usage by the hospital, but it was not being used at this time because the hospital had not developed a “protocol.” The protocol needed to define both who would be entitled to some help and who would be fully covered. Finally it was decided also that the degree of emergency should be taken into consideration. There seemed to be a difference of opinion between Cecile and the hospital over what constitutes an emergency. Cecile told me for her, when she saw someone with a condition which, unless there was quick medical intervention, would likely lead to the person’s death, she called that an emergency, if effective care could be provided. After lots of discussion by November 2004 the hospital did install an exception for emergencies which in practice seemed to be defined as surgical emergencies. She wrote and talked about many of these cases. I will just give you one or two excerpts. In September she wrote, “People continue to come. Some are very plaintive, some full of demands, some too quiet. We see over 200 a day. The young people help me to screen and I deal with medical emergencies (about 3 – 5 a day) as they otherwise are excluded from IMCK for lack of advance (payment), and make a quick judgment who is so hungry that we need to feed on the spot.

Right now there are several hundred people around the house. I pray they will understand and we will not live a hunger riot. Bringing in a mass of seeds may well provoke them, so I am trying to divert the supply...”

In November Cecile emailed PCUSA demanding release of “her” money: “I have a mental patient for whom I need to pay to have him liberated from the Katuambi hospital. I have a cancer patient who needs his radiology paid in Harare or may see his treatment interrupted. Less obvious but even more tragic, there are every day survival emergencies for little children here. I pray and fast that God may guide us all...”

People needing help came to Cecile from many sources – probably mostly through the grapevine. Those with medical emergencies, in her opinion, who had no means to pay the hospital fees, she paid for out of whatever money she could get. One big problem seemed to be that she would negotiate with the hospital to pay in the future if they would treat a person now. She made these I.O.U.s against funds of hers that were in the PCUSA financial pipeline. Some funds were cashed for Cecile in the PCUSA Congo office, but some remained in the pipeline. Here is her version on Nov. 11 of the financial impasse: “Wednesday, November 3rd, I received \$6000 from (Congo PCUSA banking office) and I construed it to be a first payment toward my checks for \$16,900. I happily spent the same day all the money, covering the debts for the seeds, the schools for the orphans, and some provisions for the house.

Thursday you sent me the news that the rest of the money was blocked by PCUSA. I went immediately to negotiate with IMCK administrator and apologized I had not given them priority on the money received. We agreed I would continue to cover the patients with 'bons,' selecting the most urgent and those who can truly benefit.

Friday, 6th, I started seeing desperate patients which were stopped at different levels of care. Some only had the registration; some registration and investigations, but no prescriptions; some even had prescriptions, but no drugs.

Saturday more followed...Some cases I solved by buying drugs in private. Some I solved with the help of Dr. Mvita, who paid for them...as I ran out of cash.

Saturday night I was told Sunday we would discuss the situation...The meeting took place...between Dr. Mwala, Dr. Mubikai.... and myself. Dr. Mubikai.... announced without discussion that I should pay immediately or no more 'bons' would be accepted and patients would need to pay cash. I told both colleagues that, even though I did not think this was necessary, I would submit. I requested that IMCK activate (with the funds raised for that purpose) its program for the poor and emergencies and IMCK provide clear guidelines to its personnel, as otherwise we would create a moral vacuum. Dr. Mubikai high-handedly refused any discussion of this. Ever since we have been able to have emergencies admitted but only with great difficulties, some paid for by Prof. Mvita, some on recommendation of Mr. Kabibu. There is no real viable system...

Every day we have more children and adults coming for food, as the hunger is becoming prolonged and widespread. Today's greatest emergency that presented itself is a farmer and his wife who were hacked on the head with machetes in order to steal the beans and flour they had (a very rare commodity now). Hunger had driven the crime. The perpetrator is well-known to us and has sometimes been here for help. Yesterday's crisis was that, on order of Ms. _____, all adults and adolescents were driven from the nutrition center, among them two older women weighing 66 pounds for about 5 feet 7 in. and hunger edema; one young man, who, a month ago was also 65 pounds for six feet, and now has 88 pounds. They have nothing to eat, literally. She sent them back, telling them to come back to me. Have we forgotten Matthew 25: 31-46? in the name of 'efficiency priorities???' May _____ and those who executed her orders, wake up and seek God's forgiveness. I have cried and prayed and shared with the victims what I still could (beans borrowed from one of my friends), but I fear they will go to a certain death and they know and fear it, too..."

Cecile's supervisors at Presbyterian headquarters had cautioned her in writing in August not to exceed the boundaries of her official assignment. When she wrote the above email demanding "her" money, PCUSA replied repeating essentially the same warning with a detailed description of the financial regulations she said they created post hoc and she had violated. Her PCUSA supervisor emailed Cecile on Nov. 2: "Firstly, we have made a provision in the Congo Finance Office for mission personnel to have

personal checks cashed with cash being made available immediately and before the actual checks have cleared here in the USA. This is seen as a support to the mission person for their personal needs. We envision an amount of flow less than or equal to the mission person's monthly salary. We have requested that (Congo office staff) not cash any more than two checks per mission person per month unless there is an emergency at which time (staff) can contact either ____ ____ or myself to authorize. Please make note of this change, which we anticipate will change your procedures.

In the Mission Co-Worker Handbook, which you received at orientation, on page 20 Section VI Q it states: Solicitation of Funds – All Mission Co-Workers will be advocates and interpreters of the whole mission of the PCUSA. All funds offered to Mission Co-Workers for specific support of salary or program by congregations or individuals MUST BE routed to the Central Receiving Service at 100 Witherspoon St., Louisville, KY 40202-1396. Adequate details such as ECO or DMS numbers and name of Mission Co-Worker to whom the support is directed must be included in the cover letter.

This statement is very clear about how mission personnel are expected to handle donations or solicitation of donations for work that they are connected to. The large volume of funds presently going through your personnel account would seem, therefore, to bring you into direct disaccord with the Mission Co-Worker Handbook policy. There are processes for providing support to the work of our partner churches which have been explained to you previously. Not only is this policy for your own protection – as an example – Has the mission person fully used the funds as intended or have they gotten personal gain from them? can be a question posed and presently unanswerable. But it is also to not have individuals become the 'provider' for mission programs ... which greatly skews the relationship to one of power and control by the one handling the funds and subservience for the one looking for support from the person with the funds. We work hard to keep our mission personnel from managing program funds in any situation for this reason. Please clarify to us if we are misreading this flow of funds to your account and please immediately correct your error given we have accurately read the information coming to us.

Lastly, you were asked to go to Congo and spend at least the first year listening and learning. We made a strong effort towards your understanding that the position you are in is not one of starting new programs or providing for needs of particular programs. The focus of the work is on helping the CPC to best understand how its Medical Dept. can function and to help move it towards that end. Eight months into your service and we see a heavy flow of funds to the various programs that you have initiated. We have tried to speak to you about this previously and this present awareness of resources you are managing brings the issue up again. Please let us know how you plan to direct your focus toward the Medical Dept. following its lead and away from creating programs on your own..."

This letter assumes that the large volume of money represented gifts from parishes or donors to Cecile whereas she confirms it was the proceeds of selling her life insurances. It also assumes it is ethical to observe and pray and not act. In her answer to PCUSA Cecile affirmed it is proper to any mature human being to observe, listen, reflect pray and act....surely a missionary should do the same.

I was tempted to include some emails from various people who were trying to solve the problem of financial flow of Presbyterian money to Cecile, because they show rather interesting approaches to how different people tried to “manage” Cecile, while at the same time supporting her. But I decided to keep my quotes of people other than Cecile to a minimum. There is a brief section on “What other people had to say about Cecile” in the Appendix.

The gist of the writings of these people is that Cecile is wonderful and sees the true, total picture, but she is a maverick and cannot live within the boundaries and cannot compromise; and that further, they were worried that she might be losing perspective and were concerned about her mental and physical health. They were sincerely trying to figure out a way for Cecile to function within the system – the Presbyterian system, that is. The PCUSA supervisors had also expressed concern about Cecile’s health, especially after she told them of her weight loss and malaria attack.

Apparently abandoning long-distance persuasion, one of Cecile’s supervisors at PCUSA, in an email Dec. 14, 2004, instructed Cecile to come to a meeting in Louisville on January 19, 2005 “...to clarify things.” Just as strenuously as she had insisted on coming to the Mission Network meeting in September, 2004, she resisted the proposed January visit, suggesting a time in April or May. Some excerpts from her Dec. 17 email to her supervisor contain a summary of her situation at that time.

“...Indeed, two weeks ago I suffered an attack of malaria, but thanks to good care by Dr. Mwala and the IMCK team, also thanks to the loving presence of our Congolese brothers and sisters, in particular Rev. and Mrs. Tshibemba, I was back on my feet within two days. At the request of Rev. Mulumba I went straight to the General Assembly (GA) of CPC and was presented by him. Still, at his request, I spoke to the GA about my motivation to become a missionary. As the continuing feedback shows, the delegates are very positive.

...I had not seen your email, as I was participating in a seminar of Bureau Diocesain d’oeuvres Medicales in Kananga with the permission of Dr. Mwala. I spoke there and the lecture was on our Presbyterian Vision of the Coordination and the Medical Ministry and also our responsibilities before God for the poor. The discussion was lively and showed that my presence encouraged resolutions in favor of ecumenical collaboration.

Tuesday itself I gave another conference at UPreCo on the subject of our responsibilities to the poor. There, too, the students and faculty were very enthusiastic

and offered praises to God for help provided at Ndesha. They also expressed a commitment to redouble their efforts to alleviate, even combat, poverty. The GA mandated Rev. Mulumba and myself to visit East Kasai soon (December 2004 or February 2005) to visit with the church and ask the Governor to return the full patrimonium of the CPC. This mission is very important and Rev. Tshibemba is trying to fix the dates...Any visit to the USA before end February risks to disturb seriously my review of projects and would potentially be in conflict with the task mandated by the GA. Please let me point out that the review of projects is at the demand of Dr. Mwala and is in agreement with your original job description.

My health remains excellent and capable of dealing with the malaria and other aggressions. I had described with some pride and humor my capacity to reduce my weight to almost normal...You seem unfortunately to have interpreted that there is a problem. Let me reassure you I have no anorexia of any kind, but a strict discipline of food intake and of exercises every morning from 5 a.m. to 5:30 a.m. are doing the trick. Since my arrival here, I have a normal glycemia...a normal blood pressure,...and a hematocrit (38)...that resists malaria and repeated donation of blood..."

Yes, the last sentence is correct. Cecile donated blood from time to time when her patients needed it. Just to wind up a loose end: Cecile got the money that came from the proceeds of selling life insurance finally from PCUSA in February 2005 and paid off the debt to the hospital. "Implicitly PCUSA recognized this money was legit and was not diverted from donations by others and that my indebtedness to IMCK was a PCUSA artifact."

The visit to Louisville did take place, but on February 3, 2005. Upon her arrival at PCUSA headquarters, Cecile was told, according to her, without any prayer, any discussion, panel hearing, or any sort of review of the charges against her, that her employment with PCUSA was ended. She at once emailed her Congolese colleagues asking what they wanted her to do "...continue to live in the Kasai region and to continue my volunteer work...Potentially I could easily establish myself somewhere and continue to pray and witness with the CPC but carry on my voluntary work through an independent NGO or one that is under the CPC. To be able to do this, I could do some international consultation work with a Japanese company that is very interested in me..." As we shall see in the final section, an NGO, called "Butoke" was established almost immediately.

About the same time, Cecile wrote a demand for an appeal to PCUSA. She argued that she had been wrongfully dismissed because she considered that she faithfully carried out what she had promised as a doctor and as a mission co-worker. She argued that her food security work was satisfactory to Rev. Mulumba and Dr. Mwala. She also argued that this work and her work for hospital care for the poor in emergency health conditions was a necessary response to urgent needs. She claimed that she had tried to induce the hospital to provide emergency care to the poor without fees, but had met with refusal.

Cecile further alleged that PCUSA had not sought any evaluations from her Congolese colleagues, that the charges against her were not specific, that she had not misused her popularity, that her method of dismissal was improper, and that the dismissal was handed out without any hearing.

The Director of Worldwide Ministries Division responded Feb. 23: "...I have decided to deny your appeal and support the decision to end your employment with the PCUSA..."

...It is important to honor those who go before us in the faith who built good relationships between Presbyterians in the US and Congo. They gave sacrificially of their lives and their financial resources. People are still doing that today, and most of them do not even ask that anyone know their names. In some ways, you have continued the long tradition of love, and, like so many others now and before, you have been generous. I honor you for that. In the past year, however, you have expressed this love in ways that show a lack of respect for the equally loving commitments shown by others. You have expressed it in ways that cannot endure because they are not agreed upon and shared by all. You have done it in ways that call excessive attention to yourself, that cause the good work of many other people in the hospital and church to be criticized. The net effect of many decisions you have made is therefore to undermine the long-term witness and service rather than to build it up..."

A checklist might be helpful here. Getting fired from PCUSA apparently can involve several steps (as I suppose it does in most organizations). (1) Cecile was fired in a face-to-face visit Feb. 3; (2) Cecile appealed her firing in writing; (3) The director of Worldwide Ministries, in writing, denied her appeal; (4) At some point after the firing Cecile signed an Agreement, awarding her severance pay, medical benefits, and probably some other items; (5) Cecile had the right to appeal to a panel, a "second appeal," which she did and this meant another visit to Louisville. She revoked her signature to the Agreement, even though, as she was informed by email by someone from PCUSA "...If you choose to appeal the decision the Agreement becomes null and void. All pay and benefits would discontinue according to the policies..."

We now have reached step (5): Cecile once again came to Louisville July 6, 2005 and her appeal was heard by a panel of three persons. We sent her equipped with a functioning tape recorder, lots of blank tape, and an extension cord to record the appeal session. Her request to record the hearing with the panel was denied.

It seems there was not much new information brought out before the panel; Cecile was asked what she wanted and she replied along the lines of the written appeal and then was asked to state her beliefs. The next day a two-page denial of her appeal was handed to her without comment. The document reviewed all the steps taken in the appeal process. I will quote only the final paragraph.

“7. The Presbyterian Church (U.S.A.) provided support for its mission. You failed to accept the support the mission of the Presbyterian Church (U.S.A.) by unsatisfactory performance, jeopardizing the mission of the Presbyterian Church (U.S.A.) in Congo by: (a) not remaining focused on the primary duties and responsibilities as described in your job description provided to you prior to your going to the Congo; (b) failing to change your performance after numerous communications from members of the Matrix Team, including but not limited to, face to face meeting with _____ in Congo and a very clear written communication from _____ wherein you were reminded what your responsibilities were and what you needed to stop doing; and (c) contributing to a situation that caused potentially dangerous discord between the local residents and the hospital and the CPC.

DECISION Based on the above findings, it is the decision of the Panel to AFFIRM the decision of Dr. _____ to uphold the termination of your employment for unsatisfactory performance.” It was signed by the three panel members. There could have been steps (6) and (7). Step 6 is mediation; step 7 is binding arbitration. Cecile chose not to go for either one.

I have already referred to Franz Werfel’s novel about the prophet Jeremiah because I can see certain parallels between the prophet and Cecile. As this history nears its end, I’d like to offer you a last look at Werfel’s account of Jeremiah, but this time the emphasis will be on the reaction of Jeremiah’s target, rather than on the prophet himself. To be sure, Jeremiah, in this excerpt, confronts one of the most powerful figures of all time, Nebuchadnezzar, King of Babylon, with his characteristic single-minded compulsion to speak the word of the Lord.

You all know that Nebuchadnezzar defeated the Kingdom of Judah a couple of times, the second time destroying the Jewish temple completely and taking most of the people into captivity. According to the novel, Nebuchadnezzar had earlier been impressed with Jeremiah’s accuracy in predicting the King’s earlier military successes. Nebuchadnezzar had actually not been as destructive as he could have been to Judah during the first conquest. But the second time was different: total destruction, with a final gruesome public slaughter (with Jeremiah watching) of the Jewish king’s two young sons and the blinding of the Jewish king himself. Werfel has Nebuchadnezzar approach the prophet as he tries to cool the eyes of the just-blinded king, saying, “The prisoner will be carried to Babylon tomorrow. No one is to accompany him, neither man nor woman. But you (Jeremiah) are free to stay or to go. Even, if you wish, to go with him.”

Did Jeremiah express gratitude to Nebuchadnezzar for allowing him to share the Jewish King’s exile, which he desperately wanted to do? Of course not. Jeremiah looked up at the mighty king of Babylon and said, as God directed him, “You could have been a foundation-stone and a corner-stone...But now you are only a dead block that lies in the way...”

Apparently, Nebuchadnezzar, like me and unlike PCUSA, knew a saint when he saw one. Following Jeremiah's insulting reference to him as a dead block in the way of all progress, the gathered courtiers waited for Nebuchadnezzar to destroy the prophet. But Werfel says Nebuchadnezzar knew that although he had laid Jerusalem in ruins, yet his work was in vain, and he bore this knowledge with tranquility. "The words he spoke were a pledge of life and liberty to the prophet who had outraged the majesty of his omnipotence. 'Let him stay or go whithersoever he will! Let him say and prophesy what he must! For his god is very strong within him.'"

Cecile often expressed concern about whether the Congolese she had been working with really wanted her to come back after she was separated from PCUSA. Throughout her struggles with PCUSA she had often requested that her Congolese co-workers and supervisors be asked to evaluate her. She rejoiced over the very warm farewell given her when she departed for the final visit to Louisville. From where I sit, it appears that some did and some didn't want her to return; that some withdrew support after the firing, but others stood by her; and that some new people became involved in her work.

There is a brief statement signed by Cecile's two supervisors of the medical work entitled "Reaction of the CPC to the decision of the PCUSA on the case of Dr. Cecile" and sent to PCUSA headquarters. The "Reaction," translated from the French, after citing Cecile's behavior in basically the same terms that PCUSA had done, except for an ironical "accusation" that she created an orphanage in her house concluded, "...In view of the above, so as not to divide the children of the CPC and so as not to affect the rapport that exists between the CPC and the PCUSA, the CPC accepts the decision of the PCUSA and requests that Dr. Cecile accepts it also, stays calm, and does not trouble the order."

Following her dismissal, PCUSA sent messages to all of the Presbyterian Congolese churches, transmitted orally I suppose since I could locate no written or emailed instructions, asking that an announcement be made in each congregation on a particular Sunday in March that PCUSA had broken Cecile's mandate as a missionary; all official relationships with her should cease, but it was O.K. to continue personal relationships.

Cecile was required to leave within two weeks her Presbyterian-sponsored house. She moved into a "villa" provided by Catholic admirers on the outskirts of Kananga. She shared the house with about six of her male co-workers. Five days after the Sunday announcement in the churches in March, about 2 a.m., five men, unknown to Cecile or her housemates, carrying torches, surrounded her house in silence for about two hours. The men inside watched with great concern, fearing an attack, but none came. At about 4 a.m. the neighbors began to whistle, a sign of warning or distress, and the five men silently left. Maybe some day we will know what that was all about.

Soon thereafter CPC requested the provincial authorities to withdraw her visa and expel her from Congo. But in the meantime the governor had already arranged that she had a new visa independent of the church.

Cecile did not miss a beat in moving on to the next phase of her work: BUTOKE. It's a Congolese word meaning LIGHT. Long before the July final appeal in Louisville, she was on the move in the Congo after she returned in March, 2005. She regrouped her supporters and added new ones. As soon as she got back to the Congo she, at their suggestion, founded the NGO, Butoke. By the time she returned to the US in July 2005, Butoke had achieved non-profit status in the Congo. Just after moving to her villa, she and they finalized the Statutes for Butoke. They are quite lengthy and I will not repeat them here, because you can find them on the Butoke website, www.butoke.org. I will include here a brief general description which Cecile emailed March 21.

“...Through the NGO we will together seek to alleviate poverty and stimulate human development, witnessing through our actions. We have over 50 founding members from traditional chiefs, to pastors, priests, nuns and monks, to intellectual and civil leaders, including, in this land of patriarchy, some female professionals. All have intimate knowledge of our own past and current actions. About 30 of them have actually been collaborating actively with the food security, widow or prison projects. Together, by the grace of God, we hope to hold high a beacon of light and work together with all people of good will. We feel blessed to continue to serve people and are trying to develop a more decentralized system...All BUTOKE members are known to us as committed and those managing or controlling money are known as honest. Future members will...need two sponsors among the members. Three professional managers will do an internal audit of accounts every month and an overall financial and accounting audit every year. As a consultant, I will follow day-to-day management. We hope the maximum safety measures have been put in place and will be followed, while permitting dealing with emergencies through a decentralized petty cash system.

Funds will as much as possible be raised by a diversity of approaches: locally we count on consultation fees I can gain through work for big donors; income-generating activities such as photocopying, telephone and perhaps computer and email access and also some regular contributions and gifts. Internationally we will seek grants for specific development projects as well as contributions to help identifiable individuals either for school support, food support or medical or surgical care, or small grants to start income generation, especially for street children, orphans, ex-prisoners and widows...”

In addition to the very detailed Statutes, a proposal for a three-year plan was developed for Butoke, which is also on the website. Again, I will give you only some highlights, so you may get a feeling for the scope of this project. It is designed so that it can be scaled down in several ways should funding not come up to budget; it is not church or politically affiliated; it has a central office in W. Kasai; it will serve mainly

people in W. Kasai, but work can be done beyond this area. There are four basic areas of service: i. Food security, including technical help, cooking skills, and even reforestation; ii. Education (primary, preschool and secondary), with priority to orphans and children in dire need; iii. Physical and social rehabilitation of people and prevention of certain physical handicaps; iv. Primary health care, with priority to poor people.

Butoke includes plans for pilot projects to test methodologies and establishes a capability to work with other NGOs with General Assembly approval.

There is a General Assembly which meets annually, with 2/3 membership needed for a quorum. There is a Steering Committee of seven people, which meets at least monthly and is charged with the day-to-day management of Butoke. The President is Jean Lumbala; Secretary for Finance is the Rev. Lazare Tshibuabua; the Assistant Secretary for Finance is Sylvain Mungemba; the Consultant is Cecile DeSweemer and there are three "auditors" who prepare monthly reports. From among the members, six committees (or "cells") have been established to serve the various needs of the work. Members pay an annual fee, and are divided into "Honour" members, consisting of eight chiefs and seven other persons who have significant involvement with Butoke, and ordinary members. Detailed nutritional, health and educational programs are outlined.

The three-year proposal describes the Food Security Program, which involves 88 village associations, and will serve an estimated 2640 families. Budgets for the first three years have been drawn up, for a total amount of \$377,000. The proposal lists the village associations and the numbers of hectares each will plant and the kinds of crops to be grown. Individual plans are made with each association. Granaries will be established. Agronomists will supervise the agricultural work. Workers will be trained and provided with food and supplies while working. They will also be trained to measure signs of malnutrition and the clients served will be evaluated for changes in the degree of malnutrition as the work goes on from year to year. The proposal also contains a detailed list of supplies with their costs.

And what about Cecile herself? She was accepted as an affiliate member of the Dinanga Presbyterian Church in the Congo, of which Rev. Tshibuabua is the pastor, while also maintaining her affiliate membership in Maryland Presbyterian Church and her status as Commissioned Church Worker from that church. And you will not be surprised to hear that she has continued to "adopt" children. Her latest is unusual in that he himself requested the "adoption." Come to think of it, one of her girls was adopted earlier on her own initiative. I would ask Cecile to adopt me, too, but I'm ten years older than she.

Anyway, his name is Jean Lumbala and he is, as of 8/06, 38 years old and has just got his MD. He is also the President of Butoke. I will let Cecile describe her relationship with Jean.

“My first encounter with Jean came one month after we had started seeing each other at sunset or shortly thereafter as he settled on the terrace of a nearby house under the lamp lit by the night watch. We would acknowledge each other; but he did not seem inclined to dialogue. On my terrace too, several students came every night to study, as at their homes there was no light or too little. He seemed older than the others and worked until late hours when he would withdraw in the room of the night watch as night curfew prevailed.

Then one night, encouraged by his friend, the night watch, he came to my home; after I finished dinner with my workers, we sat down and he started talking softly. ‘I am a medical student. I have done agriculture and I have baked bricks to support myself and my family.’ He held out his hands showing the hard work they performed. ‘These hands have served me well. But I am at the end of my rope; I have no capital any more to invest and no time to do the work. I fear I may have to give up even though I have only two more years to go.’ His demeanour was humble but dignified, posing the problem calmly. He was lean with lively big eyes. I estimated he was in his thirties. So he had had a long curriculum before medical school.

I assured him I respected his efforts. I shared that I myself worked all along in med school and asked him what he did before med school. Reluctantly at first, but with growing enthusiasm as he relived the experiences he told about his experience as an agronomist, as director of a technical college, as provincial supervisor of seed multiplication, eight long years giving all his free time to agricultural extension. He spoke about the hunger and suffering in the villages and the hope with lots of effort and God’s help all this could be ended. But he added sadly ‘after eight years I had to decide to start from scratch. There is no more scope to make a living as an agronomist, leave alone agricultural extension. I hope to be useful and used as a doctor.’

I had already seen the hunger and the decline of agriculture. I had argued that the Medical Coordination of CPC should actively stimulate hospitals and parishes to create collective fields. I had even started fundraising. I outlined for him what I felt needed done and asked him, ‘Can you be the technical coordinator and in return I will support your studies?’ There was a moment of awe before the extraordinary paradoxical symmetry of our needs: God’s humour shone bright.

Ever since, our relationship has deepened and spread from professional to spiritual, to social. It has gained strength. But we have both had to make many efforts to adapt to the other as we are both very independent persons, resistant to social pressure. We both trust we know when we follow the Voice and when there are special opportunities to further the cause of poor people. It is a special blessing to have such a collaborator. More recently he told me he wanted to be more; he wanted to be my son and carry on all the work when I no longer am able to do so. He sees himself as my spiritual heir.”

If you are wondering how this all ends, there is no end. Cecile just keeps going on and on like the Energizer Bunny and we keep trying to support her as best we can. From time to time Butoke has issued progress reports. She has applied for and obtained additional funding. A website has been created by Real Lavergne of CIDA, Ottawa, Canada and Bill Breakey, recently retired from the Johns Hopkins University School of Medicine. And, typically, she keeps putting out brush fires of misery as she encounters them, which usually results in requests for money.

Although the story has no end, I will end this history with two items: going back to the quote in the very beginning from Franz Werfel's novel about Jeremiah. More than anyone I have ever met, she illustrates that quote: if you do not go against the prevailing opinion, you are not doing the work of God. But I would like to point out that sheer opposition for its own sake is not the point. You must find out what the Establishment, Government, or whatever is in control is doing that is wrong specifically, and try to fix that. Reformation, not recalcitrance, is the goal.

The other item is a typical "Cecile" story and a very recent one. She emailed us around Christmas time in 2005: "May I tell you a real event that seemed to me a mighty parable of a lot we are doing with God's help?"

Kananga has no ambulances, no medical squads. Two weeks ago as we drove to the office, we saw a crowd on the road, rather agitated. We stopped as we thought we might need to take care of a traffic victim. As we worked our way through the crowd, we saw a woman had fallen in a pit of about 1 m deep and 2 m long filled with liquid tar. She could barely keep standing. She tried but could not climb out and cursed and cried bitterly. The crowd was abuzz with comments, some ridiculing her, some cursing her as a witch. From some comments, we knew she is homeless and considered psychotic, even though we doubt she really is.

We decided to drive, get organized with petrol before attempting to extract her and wash her. Jean, two helpful police officers and myself scrubbed her gently. Jean shaved off her hair that was caked with tar. Three hours later and 15 ltr of petrol and two runs home for water and soap and we had her untarred, but stark naked.

Our driver had fetched some nice clothes. As we offered the clothes she stood up for the first time, smiled in triumph, dressed and started a dance of joy. I joined her for a few steps giving thanks for the liberation. The crowd until then rather hostile, laughed in joy and empathy. The psychodrama had ended in catharsis.

So we took her with us up to the office, so that she was free of the crowd. We bought her also some doughnuts. As we took leave at the office, she blessed us and offered us a part of a doughnut. A true paradoxical sacrament.

You may ask a practical question: why the tar pit along a major road? As the public works have insufficient containers for tar, they heat it on a bent sheet of zinc roofing and drain it into that pit. There was no protection around it, and in the early morning hours she had run scared on the road because of some strangers pursuing her.

Some one asked what the parable means to us. Like most parables it can mean many things. But to me it is the parable of a victim of societal lack of caring, incapacitated by the tar of comments and blaming, which we help almost against everyone's will and their own despair, restore to a new wholeness. In the process all onlookers learn about themselves and the truth of liberation, the love of God and in the end the ex-victim actually ministers to ourselves and gives God's blessing."

EPILOGUE

I have read my biography composed by my friend, Dickens Warfield. I have verified the stories and found them to reflect accurately the reality I lived subjectively in each period. Ideally, you would need to hear how others lived the same reality; especially how my ex-husband, my kids, my coworkers, my opponents saw it all. Unfortunately, it cannot be done until we stand before His judgment.

I regret the 34 "kids" appear mostly as beneficiaries and cannot be more clearly pictured as actors in my life. They are actors from the time onwards that we bonded as I explore prayerfully what God seems to call them to. But again, each is a complex human being, often with lots of suffering and often a history that might stigmatize them for life: some considered sorcerers, some born from incest, some have been child prostitutes, some have a mother that was a prostitute, some were forced to kill, some prided themselves on royal blood or nobility. What they became is the miracle for which I glorify God. Those miracles belong to Him and might be threatened if the past was to be relived now, but I have had to vicariously live through it all to be helpful. So this is by and large the part of our lives that is secret and has to stay between us and God.

As the biography makes clear I have partaken and been fed in many religious traditions. I have a Christian identity because I do follow Jesus, but I treasure what prophets and teachers of the other traditions brought as messages and wisdom and I glorify God for their gifts. I have been strengthened by all. I claim exclusiveness for none. My kids belong to their own traditions: Muslim, Hindu, Buddhist, Christian of different brands and this has not created any barriers between us. God's voice calls all his children.

I am listening to the Voice and therefore (am) a missionary – yes, I think so. This has been my guiding reality since childhood. In the book you learn I do not believe in the infallibility of the pope, nor do I believe in my own infallibility or of any human witness to the Voice. I submit that it is also sometimes hard to know even afterwards what were

mistakes or God's humour. For example, the lay organizations I worked for had more tolerance for my lifestyle and "works" than PCUSA, even though they are bold humanistic expressions of my faith and I felt His call to accept that mission. Was my working with PCUSA therefore a big mistake, as some have said, the biggest mistake I ever made? I doubt...maybe God intended the confrontation to wake up the Presbyterian community and others on His real expectations from us AND He may have aimed to lead me into an NGO-style mission which may be more appropriate to social development anyhow as long as Christian churches build uncalled for barriers between people.

To me, my professional life and my personal life are closely integrated, both guided by the same Voice, by the same love of God and neighbour and the same inclusiveness. I have liberally channeled personal time and funds into professional areas that were starved for resources in all the periods of my life, but during the Congo period, PCUSA made it out to be a big problem. I have carried a witness of love into my professional work to communities, to individual community members and to my coworkers, as that is what I feel I am called to be.

Except in the first year of my career, my professional life has revolved around programs that support, stimulate, guide and teach other professionals how to carry out clinical as well as public health and integrated development programs. I was among the pioneers of family health and primary health care. With Maurice King and Carl Taylor I continue to believe it is extremely worthwhile to provide care to the common man. Health is a right, not a consumer good, even though in this era that is no longer fashionable to say or do. I greet the many unnamed colleagues and communities with whom I enriched my own and others' knowledge of what that entails.

Am I a missionary impossible? I know my broad cross cultural and cross religious upbringing and experience spurs revolt when people try to confine me to a box. I know God does not ordain that. Sometimes unconsciously, sometimes consciously, I break certain rules either to free myself or some victim. Professionally and personally I take on tasks others declare impossible. No, I do not always succeed but more often than not, I do. I rarely, if ever, refuse a challenge God seems to propose.

As a child, I figured out that, as a minority of one, I had to earn that freedom by first helping others when they are in need and second not interfering with them except where bad things were being done and third by being undemanding in-day-to-day life. I still try to follow that basic compromise. It has probably helped me a great deal survive all upheavals in my life supported by surprisingly wide social networks. Dickens sure shows I do not always succeed, especially in an affluent middle class context, where I never really belonged fully.

Above all, I dedicate this biography to those who preceded, taught and enlightened me through our shared obedience to the Voice, our close collaboration and exchange of insights as well as our shared adventures:

- my mother, Mathilde Cornand, my main teachers at the Lyceum, Simone Dessmet, Eliane Goossens, Mariette Debeyl, Pere Pire (Belgian Nobel Prize for Peace), the Dalai Lama (Tibetan Nobel Prize for Peace);
- my main professional mentor, Prof. Carl Taylor; the outstanding pioneer, Prof. Maurice King;
- my main early inspirations, Gool Minwalla (Pakistan), N Sri Ram (Madras), Dr. Shivakamur (Madras), Prof. Olikoye Ransome Kuti (Nigeria), and Prof. Eusebe Alionou (Benin), Wole Soyinka (Nigeria, Nobel Prize for Literature);
- from UDF South Africa: Archbishop Desmond Tuto (Nobel Prize for Peace), Prof. H.M. Coovadia and His Honour Zach Yacoob.

I also dedicate the biography to my kids and close collaborators that have been and are on my side and have followed the Voice and given me joy and hope. They are too many to name but are remembered in my prayers.

His love has been our bond and strength. May God find many capable of hearing His Voice calling for peace, justice and love.

Cecile DeSweemer, October, 2006

APPENDIX I

WHAT A FEW PEOPLE HAD TO SAY ABOUT CECILE

In the beginning, I told you that I would try to talk to some people who “knew Cecile when,” thinking their comments might add an interesting perspective. I decided I would only approach people whom I knew. I felt odd about contacting total strangers and asking them to talk about Cecile. My interview skills leave something to be desired, anyway, which may account for some of the sparse results I got with some people.

It turned out that several people currently in Baltimore had had contact with Cecile 25 or 30 years earlier, obviously when she was based at Hopkins. I was especially interested in getting some opinions about Cecile’s strife with the Hopkins administration, culminating in her resignation and leaving Baltimore in 1982. But I didn’t have much luck. Dr. William Reinke, who first met Cecile when she came to Hopkins as a student in 1967, and was on her thesis committee, said he knew nothing about the circumstances under which she left Hopkins. He was not in Baltimore while Cecile was protesting Hopkins’s relations with the South African apartheid regime. Dr. William Breakey, a psychiatrist recently retired from the faculty of the Hopkins School of Medicine, said he knew Cecile only through Maryland Presbyterian Church, beginning about 1978. The same is true of Louise Carlson, whose husband had introduced Cecile to MPC. Dr. Carlson had left Hopkins before the South African apartheid protest period. Louise did describe Cecile as unique, and an independent thinker and actor, always “walking to a different beat.”

Dr. Misbah Khan is a recently retired Professor of Pediatrics from the University of Maryland. She had come from Pakistan, where she had been director of a mission hospital in Lahore. She knew Cecile well for about five years before Cecile left Baltimore in 1982. Dr. Khan said that Cecile was an honored professor in the School of Hygiene and Public Health and that the students “flocked around her.” Misbah said that some South African visitors were to be guests of the School, and the only person who objected was Cecile. Students followed her lead. Cecile “stood up to the administration.” Misbah recalls spending time at Cecile’s house near the Hopkins Homewood campus, where there was always classical music and talking about world conditions. One of Cecile’s adopted Tibetan sons was with Cecile part of that period. Misbah said that she truly admired Cecile. Louise Carlson commented that Misbah and Cecile had prepared a very lovely poetry and art program which they jointly presented in Baltimore.

I’m sure that Dr. Carl Taylor, now semi-retired from Hopkins International Public Health Department, has much information about Cecile stored away in his mind. He was first her teacher at Hopkins in the 1960’s; then later her co-worker in research and collaborator in many publications, and firm friend. Some of Dr. Taylor’s comments to me recently are that, when he first knew her, she was “a different kind of student.” That’s an understatement, if I ever heard one, but his tone did not understate. He said she would find her own way and had her own perception of problems. During her doctoral

work, she went to Narangwal, in the Punjab, studying the relation between nutrition and infection for about two years. The project continued after she got her doctorate. She worked for the Ford Foundation in Nigeria for two or three years, and taught. She was active with student groups. Cecile had strong opinions which the students liked. She challenged accepted wisdom and encouraged students to become activists for social justice.

Dr. Taylor said while Cecile was at Hopkins there was a change in deans leading to a more conservative trend, less inclined to tolerate activism. Cecile took a stand on the way health care issues were being developed. It was something about comprehensive primary health care as opposed to selective primary health care, the latter stressing particular diseases and interventions. A further source of conflict, was that Cecile believed in the participation of people at all levels, versus a “top down” approach, which Dean Henderson promoted.

Regarding the South African issue, Dr. Taylor said he was in China when it was going on, but he heard about it from many people. His summarizing comment was that Cecile and Johns Hopkins had different points of view. In none of his comments did Dr. Taylor criticize either Cecile or the Hopkins establishment. He just commented, as have many other people, that Cecile sees things “differently.” Nonetheless, I know that he is her staunch friend, as so clearly illustrated in he and his wife lending her money with her house as security.

Kayode Oyegbite, Senior Programme Office, Planning and Coordination Health Section, Programme Division with UNICEF, has kept in close contact with Cecile ever since he first met her in 1973. He was Cecile’s program assistant in Lagos, Nigeria until 1978 while she worked for the Ford Foundation. For a year or so he and his wife lived with her in Baltimore until 1979, which is when I met him. I asked Kayode if he knew why her contract was not renewed. He said that was typical for those times.

He commented that Cecile sees things that many others don’t see, and that leads to conflict. She has a good intuition for what’s coming. She has a preoccupation with helping everyone, and with children. She has cared for many children. Kayode said she helped him with a loan to finish his house.

It seems to me that my talks with the people who knew Cecile earlier had a common thread: she sees things in a unique way and has greater determination in pursuing her vision, which often (usually?) gets her into trouble. These talks didn’t produce much detail.

I have a collection of emails from people who wrote about Cecile, not to me, but to her or to other people about her, and I think these emails reveal more than my interviews did, so I will excerpt some for you.

A fellow missionary physician wrote to Cecile in November 2004, following a visit he made to her in the Congo where she was doing mission work for the Presbyterian Church. "...I am truly inspired and humbled by what you are doing. I often times wonder why God called me to Congo as a missionary physician, and then reflect on my work and how it mimics or doesn't what Jesus himself would have done in Congo. It is clear that your work much more closely models Jesus than mine. Perhaps there is a time and place for everything and I hope one day to have the heart and patience and love to do what you are doing. I honestly do.

I don't admit to be an expert in development, but there are times I wonder about the fruit of my own labors. In my ten short years in Congo I have served as Prefet of an ITM, director of a medical residency program, director of the Vanga hospital, medical coordinator of the Baptist medical convention, and now manager of a church based relief project. I wonder how much of an impact I have truly had on people? I love teaching, but what has become of our students? I love clinical work, but have worked mainly to support an institution (hospital) which in turn serves the needs of the employees. The SANRU project is a unique opportunity to put government resources into church institutions to improve the capacity of care, but only time will show the impact.

And you; Cecile, sit in your backyard and hand out not only medical care and seeds, but love and compassion; truly the gifts of the Spirit are upon you.

I can't say I would ever be so trusting as to put my personal resources on the line (which I like to tell myself are so my own children can attend University). But you have challenged me.

You remain a model and an inspiration, and are calling in your own sweet way, many of us to the center of where we should be.

With my love and respect,

In Jesus, _____”

I found a few comments very critical of Cecile. Some you have already read in the PCUSA Congo section. From that same period, an email was forwarded to me from an official in the IMCK hospital, to which Cecile had been sending patients for emergency care that she screened herself and paid for, sometimes on "I. O. U's" based on anticipated money, often slow in coming. The person forwarding the email asked that the forwarded email be kept confidential. I did not agree to that at the time, but I will paraphrase to respect her wishes and not identify the writer. In the introduction referring to IMCK, is written ... "I see that Cecile has inadvertently made a rather large problem. She has bulldozed ahead to create major financial problems at the hospital, to the extent that now the Governor is in on her credit problems."

The official wrote something like: the hospital has a policy for indigents' care. Cecile is trying to assist the people but she was opening a floodgate of demands and did all this without consulting hospital officials... Furthermore, she did this referral on credit and now owes more than \$10,000. She says she can only pay part of the money. The writer referred to Cecile taking seeds on credit and making promises to lots of people. The problem has got so bad that even the Governor is involved.

You may recall from the PCUSA Congo section that the money was all eventually paid. Cecile always claimed that there was no emergency indigent care at the hospital unless a fee was paid, which was impossible for the poor, so she and her workers evaluated people, referred what she considered emergencies to the hospital, and paid, or promised to pay their fees and other costs. However, it is clear that at least one hospital official was very critical of what she was doing.

Also from the PCUSA period, I found some emails that appear to show a change in attitude toward Cecile over time. A person, very familiar with the Congo, had visited Cecile in August, 2004, and wrote to some MPC people and others the following: "...when I met Cecile, I was astonished to meet someone so experienced in the diverse cultures and religions of this world. She is profoundly wise in her ability both to quickly size up a new culture and also to have the humility to learn from the people in that culture. And her ability to convey respect and patience in her medical work in Congo gave me great hope for a land I still love equal to my love for the USA. Each time one goes to Congo, the reflection afterwards is haunting, regarding the level of starvation. Few people are willing to open their heart to that constant misery. It takes a certain strength and commitment. Since I grew up there, I am still fluent in Tshiluba and had many conversations with Congolese during that visit. They told me repeatedly how much hope Cecile had brought to them. A favorite expression of Mother Theresa was, "This is a beautiful thing for God." Indeed, when I had met and visited with Cecile and seen her willingness to open her heart to Congolese, I thought, "Here is a beautiful thing for God!"

That was written in August. In early November, 2004, some emails came to us from the same person following Cecile's communications about her struggles as a PCUSA mission worker. "...Cecile is in an all-out war in which I am confused over which money is for what and over what...I am weary from all these emails of battle. I see that Cecile is very gifted, but she gets herself, possibly, into extreme situations. On the other hand, she has courage in the area of 'liberation theology' where few dare to go. On the other hand, she seems to have trouble with building consensus and working out compromises. It is all very sad, since she is so desperately needed there and has unique skills in health care and being fluent in French. If she could work out the money and then settle down and do the organizational work she was asked to do, she would be able to do remarkable things. The Congolese stand by all this shattered and concerned for both her but especially for their channel of money from rich America to do things that are desperately needed to be done there. They are not sure how much to side with her for

fear of PCUSA reprisal. In a pitch battle with PCUSA, they will abandon her due to concern of alienating PCUSA...”

A few days later, this person emailed Cecile: “Dear Cecile, YOU NEED TO GO AWAY ON VACATION FOR 10 DAYS. NO QUESTION ABOUT IT. Why do I say this? I recall the riots in our back yard over food and the loss of perspective on my mother’s part years ago during the 1963 famine... Without meaning to, while you went there to help the CPC to create order and strength in their medical program, you end up in battle in many directions. It seems to be becoming more about you than the work. Just go away to Kinshasa or somewhere for a vacation. That helps the frantic daily matters to settle down a bit. Get some rest. Refresh your perspective. See some good people up there and laugh a little. Then come back. I know you may get angry at me for saying this, but I say it with so very much caring and so very much remembering the chaos that can sometimes come out of these desperate times. You are trying to save every single soul with a process that is yours but is not always the process of those around you, including your peer workers. You have to work with the system, or you will completely make this all about YOU, not the work to be done. I am concerned about the financial chaos that seems to have evolved, but I cannot help from here. It has to be worked out between you and your colleagues whom you were sent to work with. And it has to be worked out with PCUSA. I don’t think you can afford to get so radical that you lose your credibility to work with the Congolese you were sent to work with and empower...”

With a hug around your little bent over and exhausted shoulders,
_____”

I found comments made by a current official in the World Council of Churches (Dr. Gosling, cited in the West Africa era in this history) made in January 2006 on Cecile’s work for WCC very interesting in terms of Cecile’s technical achievements. This official wrote to the General Secretary of WCC: “... You have personally acknowledged the work of Cecile de Sweemer and Church and Society on AIDS, and yet there is no mention of any of this or of the Central Committee’s groundbreaking resolutions in 1986-87 (in Vol. 3 of the Ecumenical History). The WCC has so much to be proud of here, so why do you all shoot yourselves in the foot by not saying so? ...”

The final written commentary that I include is from the Rev. Mary Gaut, pastor of Maryland Presbyterian Church. She wrote to Cecile’s supervisors at PCUSA just before Cecile was summoned to PCUSA headquarters, Feb. 3, 2005, at which meeting she was fired.

“Dear _____ and _____

I am writing in anticipation of Dr. Cecile DeSweemer’s meeting with you on February 3, 2005. Your desire to have a face to face meeting with her to clarify the goals of her work and review her efforts over the past nine months is certainly understandable

and, as her pastor, I have encouraged her to recognize this as an opportunity. My prayer is that it will be a helpful meeting for all participants and result in a renewed commitment to her ministry on behalf of the PCUSA in Congo.

I also want to reaffirm Maryland Presbyterian Church's full and enthusiastic support of Cecile as a PCUSA missionary in Congo. Many of our members have known Cecile for more years than I. We all are aware of Cecile's manner of sometimes stretching the institutional protocols in her efforts to meet critical and immediate needs. Her involvement with the "seeds" project is one example familiar to us all. But from our experience with Cecile, we believe that she is capable of encompassing the requirements of the job description PCUSA and the Congolese agree upon, as well as the initiative Dr. Mwala has had her undertake to empower the local Congolese through the seed project. Her willingness literally to put her whole self on the line on behalf of others, including the use of her own money, is one of her greatest Christian attributes and also what can drive institutions crazy because it often compromises the sense of order and control which institutions feel they must maintain. I want to assure you that we are committed to channeling our financial support of her work exclusively through the established PCUSA ECO accounts and other recognized partnership efforts and have communicated this to Cecile. We are supportive of your efforts to preserve the appropriate boundaries and protocols in this area.

But I also hope you appreciate the good heart and the deep and passionate commitment that Cecile brings to her work. She takes Christ's mandates to serve the poor in a deeply personal way and brings an integrity of spirituality and commitment that is extraordinary in a world where too many of us are reluctant to venture beyond our personal comfort zones. Cecile is one of God's daring and creative renegade saints: unique and precious. I pray that your conversations with her will honor and affirm her gifts as you come to mutual understanding of this mission partnership and develop constructive solutions that will enable her to continue her work to bring healing and hope in Christ's name.

Yours in Faith and Service,

Mary Gaut

APPENDIX 2 ASSORTED TOPICS

I. TCHAD

Sometime in late 1982 and early 1983 Cecile spent what appears to be a relatively short period in Tchad. She wrote the following spiritual-social/agricultural account to the Mission and Social Concerns Committee of Maryland Presbyterian Church:

“Dear brothers and sisters,

My visit to Tchad is coming to an end. I went to Kanem and visited about four waddies and two towns, Chedra and Mao. We went by four wheel drive. First, I didn't know how we chose where to drive. Well, the criteria: we go north, N – W, we follow the tracks of predecessors (or go parallel to them), we avoid hitting termite hills, trees or to dive into loose sand (at least at too low speed). There is no real 'way,' even though the destruction of the fragile ecology by the cars sometimes gives the impression there is a way. As we drove in a convoy of two cars, the second car stops at each settlement it meets and asks whether the first car was seen and where it went; also, one tries to get correct directions for the next intermediate goal (a finger points and says 'four hours camel ride' and the driver translates 60 – 80 km). The temperature is about 35% (95F), humidity 0; no river or other surface water, but water at 6 – 8 m. under the waddies.

Waddies are dried-out beds of the Lake Chad which has been retreating for about 50,000 years. They are surrounded by dunes. 'Old' waddies have become salt mines and some are exploited as such. Younger waddies can be irrigated and used for growing vegetables and wheat. The technique is so labour-intensive that unless it can be modified it does not permit to grow enough for a hard-working family. So the women try to grow millet and beans on the dunes. This work is comparatively short (3-4 weeks) but totally dependent on rain for its success. Nobility, moreover, has mixed herds: camels, cows, goats, some sheep. Camels, goats, cows, sheep survive drought. In bad years they can be sold/slaughtered. Errors in judgment – what to grow, where/when/at what expense – are paid dearly, as even, in the best of circumstances, only bare survival is possible. Job has his brothers in misery here and many of them go mental.

My three days in the field were barely enough to make me fully realize the depth of the chronic crisis. Thirst and hunger are no spiritual symbols here but day-to-day intimate reality. Even nurses live in one room, thatched adobe, and have so little food to give their children that they are about 50% of expected weight. There is mutual exploitation, especially of the nobility over others, and adult men over everyone else, but they too seem to make it with little surplus. The power structures are heavy. But the very fragility of individual life (mortality under five years of age at least 300/1000; life expectancy, 30 – 40 years) and the concomitant labour intensiveness of survival makes social experiments hard to envisage.

The USA had food distribution here, but had it stopped even as 'food for work' because last year the rains were about average. Strange reasoning. Stocks were insufficient for most of the displaced people, so even at the risk of arrest, or worse, they move away from the little land they had been given towards the cities and the borders. So then it is said they are lazy scoundrels unwilling to help themselves. I find this quite infuriating, and have not stopped questioning...

In the 'food for work' case Tchad was supposed to help displaced people to cultivate waddies, reforest dunes, develop markets, etc. All in one year! Obviously where Tchadians couldn't do it in 25 years of development effort, Yankee know-how would suffice in one year...It seems such a vanity; it makes one wonder about the competence or real purpose of those who proposed it. In one or two waddies the work accomplished with the 'indigenous' population is impressive even though more a promise than an achievement; but the displaced, the women, the ex-slaves, the 'foreigners' (who have been there several generations), continue to be left out...

So what to do? Is there a solution that can satisfy equitably every one's hunger and thirst? Can the desert bloom? There is no Yankee or other know-how directly transferable here that will solve the problems.

We need to study and evaluate production, distribution and marketing, losses by taxes, theft, rents, bad stockage, actual nutritional status and survival, other income, migration. We need to do it basically as a self-evaluation of the community with a redirection of efforts after the analysis. Whether or not any or all of this will receive religious sanction...may finally determine whether the call 'to make a way for the Lord in the desert' can be heard and understood. Dr. Miriam Aladourngé, a Tchadian, Christian female will be in charge of the overall study. She is a wise and strong woman, but she will need spiritual and other support: she will be physically and spiritually walking on thorns. (The physical reality is that acacia growing on the dunes has thorns of ½ inch. I stepped five times in three days on big ones hidden in the sand; they went through my sandals into the foot. They do not bend or break and need to be pulled out of the flesh manually.)

I will come back. My presence is a help to her even when I don't comment, even when I become ill...I am convinced she has heard the call and now is ready for the sacrifices it may take. I hope she can stay open and vulnerable so that the Lord can fully use her as a channel. I see no immediate solution, but can feel we are going in the right direction. Please pray we remain faithful and fearless.

As we drove back to Ndjamena, I was somewhat somnolent with fatigue and I could see in my mind scenarios dense with lovely animals, trees, water. I realized that part of Isaiah's vision of the lamb and the lion together is not just a symbol of non-aggression, but of life. When the land thirsts and hungers there are almost no lambs and sure no lions. Just sand, caked salt, thorns, a few forlorn palm trees. That is the other

thing that came forcefully home to me; the palm tree is a sign there is water 3 – 8 meters away. So it is a sign of hope. Also they are trees that are really nurturing: most of their fruits are edible (coconut, dates), their sap drinkable, their leaves used for mats, fans, roofs, etc. Their groves are comparatively cool. The greeting with palm leaves is probably an affirmation of hope and trust in God's grace.

The thorns (of the crown) may conceivably have been woven of acacia. The pain was intended; probably also the scorn. Thorn has no use, no value. But with the baobab, it is a tree of resistance and persistence even under the worst droughts. Acacia catches any dew, any rain in a wide network of roots. This may add a symbolism unintended by the torturers..."

II. VIETNAM AND THAILAND 1982-83

"I promised to write about my visit to Vietnam. In fact, I spent about one week in Vietnam and an equal amount of time in Thailand. So maybe I best tell you about my experiences and observations in both. Given the short time I spent in each and the selected areas I visited, I cannot claim an overall view and understanding. Also, for different reasons, I decided to refrain from active probing in both places; it is obvious that in Thailand the recent wave of arrests of so-called 'communists' put terror in the hearts of even the most innocent YMCA community workers that they too may be accused; it is also obvious that our Vietnamese friends have a need to prove to themselves and others that forty years of war may have impoverished them but have not overcome their spirit. I think both countries and communities might be open to a more active enquiry given that there is time and occasion to build trust, and that the questions can be asked in humility.

My overwhelming impression of Vietnam is the endless stretches of paddies, dotted with people uprooting and replanting rice, plowing and irrigating. People seem never to take a rest. It is also the streets of Hanoi swarming with bicycles, a few busses bursting from the seams and even fewer cars, driving in second gear and blowing their horn all the time trying to ask for the right of way. It is also the eerily absent birds,...the very few cats and dogs, chickens or hogs. It is also the hardworking water buffalos that plow and carry sleepy little boys, the zebu oxen and little horses that pull grotesquely overloaded carts.

In Vietnam people and animals work. No one seems overweight. Most seem just under the ideal weight, but not enough so to be alarming. The self-perception is one of disciplined somewhat precarious food sufficiency of the nation. There are some footnotes to this: hospitals are filled in their pediatric wards with marasmus cases, and I saw one little girl begging from tourists, who was very unkempt and underfed. These marasmus cases seem to be due to insufficient, unbalanced and late supplementation of breast feeding. In fact, most children six to twenty four months that I saw looked anemic and underweight (probably between 75 and 80% of weight for height). I would suspect

the marasmus cases are those that suddenly lose weight when they get measles, diarrhea, etc. So it would seem necessary to focus attention on weaning and supplementation for the whole population. The little beggar girl? She was almost an isolated phenomenon. I saw from a distance, sleeping under a bridge, one mother and child who looked very destitute and one leper beggar came up to me. This would indicate that in the areas I visited, Hanoi, Haiphong, Ha Duong as cities and the provinces of Hanoi, Hai Van Binh, Ha Duong destitution has become a freak phenomenon: less than 1/100,000 maybe even much less than that. This calls for sincere admiration for the equity of distribution in a situation of no surplus. It also calls in my mind for a little more effort from groups like the churches to find and help the few unfortunate ones.

The church? Stated by an American group, 'Christian Alliance,' they feel very ambivalent towards these roots. The missionaries "fled" as soon as the war started...but the congregation faithfully sings off-tone and off-beat American hymns that were translated. People still wear suits to the service (the only suits I saw in Vietnam). Their self-defined role: 'adoration of the trinity.' They also are together with the Catholics and Buddhists part of the 'National Front' and call as such for volunteers for the army as well as participation in national loans. It is difficult for me to see where the strength of conviction lies that makes them cling to a Christian identity. But it is clearly there somewhere! Is it a firm belief in personal salvation doubly needed in the face of 40 years of daily threat to life, daily destruction and grief? One would need to be with them, sharing their lives to truly understand. Their belief is the only one they recognize as valid. They are not very articulate about it as they have not had to participate or share with others whom they would give at least some credibility. So, much of the belief system is implicit. Much may also be salvation = belonging to a chosen group, as they definitely do not seek out contacts.

So with a prayer in my heart and a smile on my face, I brought greetings from CMC, WCC, PCUSA, MPC and asked that they keep us better informed of their social activities and social concerns, so that we can join them in prayer and provide other support. The pastor's face-to-face answer: "I have two sons who volunteered for the army. We are fully involved with our nation. We are patriots.' How deeply can one misunderstand each other? Was my challenge heard and understood by others? I don't know, but judging by non-verbal reactions at least a couple did. So I hope and pray! Please join me.

I visited quite a number of basic health care units. They try to develop sanitation and hygiene, provide basic medical care (very small percent Western care, only 2/3 West and East care combined, 1/3 Eastern care only), give vaccinations when available, are supposed to give nutritional advice, and are major channels for family planning.

The health status in the villages seems amazingly good. Infant mortality rate is about 60-70/1000 (in colonial time, 300/1000). Birth rate is about 28/1000 and the target for this year is 22/1000. The crude death rate is 7/1000. The birth rate is truly amazing.

Speaking with women, it seems that the fact that they need to do a lot of field work and the better child survival are major reasons for their restricting fertility voluntarily. Next door Thailand is similar in these respects. Infant mortality is said to be about 50/1000. Birth rate would be about 18/1000! At a family planning clinic, anyone with more than two children is an embarrassed exception.

There are other likenesses and contrasts between the two nations. Thailand has now a per capita of \$400 - \$500; Vietnam, about \$100. Both are at least partially the consequence of the warfare and American intervention. Moreover, Thailand is a center for poppy growing and drug trafficking from Burma. (Imagine the influence of this awareness on the national ethos which, on Buddhist grounds, abhors war and drugs! but admires success!) Thailand displays opulence in temples and restaurants as well as mansions. The temples glitter with gold and mirrors and multicoloured statues. The restaurants look almost indistinguishable from the temples. (Happily enough, churches look more sober but also more Western.)

Vietnam, instead, seems almost a display of non-opulence. In ten days in Vietnam I saw only two persons wearing a piece of jewelry. Street lights are kept at very low wattage to save power. Most of Hanoi's houses are over fifty years old. The town built for 300,000 now houses over 2,000,000. But all people look neat. In their white blouses and black trousers, Vietnamese women bring a personal touch by varying the cut of the blouse, the colour of the ribbon of their hat, the decoration inside their hat.

In Thailand, I found intrusive and inquisitive military everywhere. They run the bank in the airport, tour the streets looking for 'indecent' behaviour. There are said to be death squads within the military. They behave always with the implicit threat of violence. Besides, and in competition with them, there is the police, responsible for the still unexplained wave of arrests of intellectuals suspected of being 'communist,' which they graciously promise 'not to torture...as they are not criminals, but dissidents.'

In Vietnam, I saw military very rarely and only near the border. Police? Only to regulate traffic at major points.

Both societies seem to function on a centralized ideal. In Thailand, anything good has to be initiated by or sponsored by the Royal House. In fact, the working definition of communist might be any group not so sponsored, especially if involved with the poor or the villagers. In Vietnam, all 'good' seem(s) to have to be sanctioned by a central government policy, even though financing and day-to-day decisions are local. Critical analysis or dialectics, even though very much part of Buddhism and communism is, in Vietnam, easily applied to 'local application' rather than central policy. In Thailand, it is unclear where it can safely be used, probably because it depends more on who you are than what you analyze (as long as it is not the Royal House).

I find it very difficult, as you can feel, not to compare and judge. But I have to remind myself I took only a peep at either society. I did not see South Vietnam, which, from all descriptions, seems more chaotic and less egalitarian. I did not visit 'new economic zones' which seem also less well-organized. I did not visit prisons or ex-prisoners. From my observations, one could not easily explain why boat people leave, even though the cruelty of their reception seems readily explicable. In Thailand, I saw only two cities, Bangkok and Chiang-Mai and a 'model' village. Entering Thai villages is still very hard and activist students have been killed for 'Trespassing.' Each village chief seems to act like a feudal lord and a law unto himself. From descriptions I was given, some villages are very poor as a whole, but what I saw in the cities is extreme opulence and then a kind of 'middle class' (well fed, motorcycle, well-dressed), while in the rural areas, some middle class and most lower middle class (bicycles, houses smaller but still fair-sized). I saw no real poverty as I was used to in India or Nigeria, even. But that may be due to the fact that real poverty is further away from the cities and of the motorable roads in urban slums. I met a group of young Thai development workers who shared some statistics and facts, which seems to confirm I somehow was guided not to see the poverty.

I have tried to take pictures faithfully in Vietnam. No one restricted me; all seemed comfortable with it. In Thailand, I have not felt I could do it so easily...

You may wonder what happened on acupuncture and herbicides. Acupuncture is pretty much integrated in the basic health care and I saw it as part of it. At the National Institute for Acupuncture, I got VIP treatment for obesity. Four sessions with twelve needles in abdomen, thigh and ankle. Loss: 4.5 kg in one week (ten pounds!). The treatment was also a teaching case, as they see no Vietnamese cases. How did I feel about it? Physically more fit; psychologically, mercifully punished and humbled; spiritually, understanding better what it is like to be judged and disciplined but also loved. The nurses made me a Vietnamese outfit and all were elated to see me in it.

Herbicides? The person in charge became ill during my visit. So we had only one afternoon on it. They feel at present there is little hope anyone will help them, so we talked about different ways of approaching the problem to make it clear the purpose is humanitarian, is specific and eventually helps...with measurable problems. I think we came up with a possible approach taking on all the related problems in one district... The delicacy with which they treated the subject was touching. They avoided triggering guilt feelings and wanted to test at each stage how much a request and my support of it might put me in danger..."

IV. LAOS 2002-03

An excerpt from a report describing one of various community health pilot programs in villages:

“Kenglateng The village of Kenglateng is at 23 km; over half is on a path through the forest, crossing rivers. We covered the distance in about two hours, as several times we had to cut trees to progress around pools of mud!... We met all the key informants, including the VHV, but there is no sorcerer and no herbalist. This village has only 116 people. Last year there were eight births and three infants died. This gives a birth rate of about 69/1000 and an infant mortality of 375/1000 – both very high.

The village is close to a river from where they get water for all their needs. Most families do cultivate upland rice. Fifteen families can do both upland rice and paddy rice. Some families have enough rice for five months a year, but some have only two months. They also have some corn. For the rest of the year they are largely dependent on forest products for tubers and roots as staple food, including one tuber that needs soaking to take out some poison (cassava?). Vegetables are not cultivated but collected from the forest. The villagers would all like to be able to grow some paddy, but that will require clearing land and having buffalos to plow. One villager points out though, that his three buffalos were killed by tigers across the river. Growing sweet potatoes is seen as useless as the pigs will eat them. Beans cannot be grown as there is not enough water. Meat or fish is only exceptionally available. They do not eat eggs, but do eat nuts when they find them. They do not consider growing tubers as the rules of solidarity will mean that other villagers can ask them as long as they have a reserve. We discussed a bit, under general hilarity, whether they can decide collectively each will grow more food.

The village seems caught in between a hunting, gathering economy which permits only short-term satisfaction and necessitates extensive sharing and an agricultural economy where long-term reserves are possible but militate against short-term sharing, in an ecology where, as agriculturists, they seem in competition with the wildlife, rather than benefiting from or conserving it. There is likely some trading of forest products by the villagers, but Phine on foot is about six hours away which hardly encourages much exchanges.

Everyone seems stunted among men as well as women (more so than in other villages we visited). The diet as they describe it, is probably short on calories for seven months or more and short on protein the year round. One woman of about 55 years has shriveled like a dry raisin. She is possibly a TB case, with low grade fever and cough for four months, but the VHV had not tried to help and clearly had no idea what disease she might have. She had aged so much she could be mistaken for well over 90 years or even

100. She has a relative about 40 years old, also with chronic cough and premature aging. Both were advised they could come to the hospital for free treatment. It is very unlikely they can make it. I suggested to offer them a ride and wait until they were ready, but the driver and other companions believed this was too risky. (The reason given to me was infectious risk which we all run when we take a public transport.) Later on, it was clear most of the team still fears Lao Theung magical powers and curses and does not seem to realize that, if such existed, that would rather result from lack of assistance rather than physical closeness. Lao Loum staff may need counseling as they have been socialized to fear Lao Theung as great antagonistic sorcerers. We hope HI ANS can clarify this as a policy question with all concerned, including the district. Rides refused in such situations are hardly testimony that the team is at the service of the people.

One woman of about 30 years has been ill for four months, feeling very weak. She is clearly very anemic (color of nails, lips and tongue, fast beating heart and slight dyspnea). She was given Mebendazole and iron plus folic acid. Total price for two months is KIP12000. This is obviously a lot of money for a barely monetized community and might need to be reviewed as it will mostly be needed by the extremely poor. As, so far, there is no coverage of the poor, I bore the price. (Author's note: what a surprise!)

This village had twelve visits by the animation team. On the question what they had retained from the visits, the Naiaban repeated the major messages relating to malaria (nets) diarrhea (boil drinking water), infection (keep clean), but then several people confirmed they had heard the same messages from the radio. We started exploring how far they can apply what they know.

Boiling water before drinking is done in the village. When they go for a short time to the field they take boiled water with them, but when they go for a longer time they do drink directly from the river. Severe diarrhea in adults is taken to the Dhospit but in the last ten years three died, two of them on the way. The VHV affirms he treats diarrhea with berbrine and sympathin. Oralyte is not even mentioned as a possibility. Dr. Keysone explains the function of water and salt in Oralyte to everyone (again, the price may be the major obstacle to use in the correct way).

Mosquito nets Each family has one, at least, but few, if any, families have everyone covered. Those without protection are mostly the bigger children and adolescents. There is a need to protect them and they like to be together so that would take bigger family nets. They impregnated all new and old mosquito nets and think their supply of insecticide may be enough for one year.

Keep clean We were unable to get examples of what they were able to change in terms of cleanliness. But we discussed then an imaginary case of caring for a severe diarrhea one Friday night. They offered as solution carrying the case as fast as possible, but totally missed the importance of oralyte or hygiene in terms of disposal of excreta and repeated washing of hands with water and soap. We explained why and entered a little in

the how. We also explained the importance of washing hands after toilet and before preparing, serving or eating food.

Child birth is still in nature, without assistance. “Yu din” and the contact with earth seems to be the symbolic essence of this (will probably be hard to reconcile with hygienic delivery).

Breastfeeding Children are immediately breastfed on demand, after discarding colostrum. As soon as the woman starts going to the field the child may only be breastfed three to five times and supplemented with pre-chewed and steamed rice. But we were proudly shown one child that has been exclusively breastfed for six months by his mother, who is probably barely 15 years old. The subject seems open for discussion.

Supplementary feeding Rice pre-chewed and steamed in a banana leaf is added soon after birth, as most mothers go to the field and reduce breastfeeding to about three times during day time and a few times at night. Mother and baby sleep together. About six months to one year the baby will receive pre-chewed rice directly, sometimes with added vegetables or meat or fish.

Asked what they would want the project to accomplish for them in the next eighteen months, they answered:

1. a bore well for safe drinking water (no application written, but repeatedly stated orally to HI ANS animators in the past).
2. more mosquito nets that are bigger
3. school
4. tools and buffalos for land clearing and creation of more paddy”

IV. HISTORY OF THE BELGIAN CONGO

prepared by Cecile in 2003

“Congo has jokingly been defined as the Federation of Mission republics. This is due both to the weakness of the state and the strength of the missions. The missions are still the most continuous civil society force in Congolese rural areas and fulfill many of the functions that elsewhere, even in Africa, are state functions: health, education, social safety net, radiophony and, until ten years ago and maybe soon again, air travel.

Most Congolese (estimates 78%) were born into Christianity, be it as members of the Roman Catholic church, Protestant churches, or African churches. The African churches are mostly derived from Baptist, or, more recently, Pentecostal, churches and have integrated African traditional symbology and rituals. Both churches in worldwide traditions and African offshoots flourish, but African churches grow faster and seem to generate more passionate devotion.

In terms of local solidarity between members, all churches do quite well. They do not yet engage laity in theological or philosophical deeper studies, nor do they engage in a lot of reflection on the ills of society; rather they emphasize, as in colonial times, personal morality and group solidarity and adherence to rituals and credos.

Churches have a more mixed track record in more specialized social works, such as education, health services, legal assistance, or counseling.

-African churches, of which the Kimbanguist Church is the biggest, have had little chances to develop them both for lack of sufficient numbers of qualified members and access to outside funds. Their schools are not of very good quality. They have a few dispensaries/health centers of questionable quality.

-The protestant churches are regrouped in the Eglise du Christ au Congo (ECC). The ECC, too, has not done very well in terms of social services. ECC as such has been mandated to develop primary health care, but did not very well in terms of its accessibility, cultural appropriateness, responsiveness, quality, management and accountability to local communities as well as international donors. The protestant denominations each have big, fairly good quality hospitals in their region, but have quite limited primary health care (PHC), often by outreach from the hospital.

-The Catholic Church has the stronger cadres in education and health services and has tried hardest to work on cultural appropriateness and community participation, probably as they are more influenced by Liberation Theology.

The churches collectively have been the major force in maintaining a semblance of health services, even under the worst crisis situations during the last ten years...In education they similarly have been resisting the general deterioration in quality and accessibility, but with more limited success.

Since independence, churches have been fairly silent on societal ills. Only the Catholic Archbishop dared to berate Mobuto and his dictatorship when he tried to be seen as a messiah.”

By the time of a Berlin Conference in 1878, Congo was internationally recognized as a personal possession of King Leopold II. “Everywhere in Congo Leopold II exacted tax in rubber and ivory, but spent none of this wealth locally, except to pay Congolese tax collectors. In case of non-payment of taxes, people were killed and their head offered to Leopold or, as an alternative, had their hand hacked off as invented by the local collectors. The head/hand was the visible proof the tax collector has tried to get the tax but failed. Incomplete payments might result in beatings, in taking hostage of wives, etc. Based on the census in Belgian Congo, the population decreased between 1878 and 1908 by an estimated 10,000,000. Many Congolese perished in the first thirty years of

Leopold's reign due to starvation, epidemics and execution, and massacres as response to local uprisings. Moreover, birth rates were very low. Some Congolese were taken to Belgium and displayed in the zoo. Because of protests by more progressive people, they became caretakers in the zoo, and one has even a statue in my home town.

Leopold invited from the beginning protestant missionaries (maybe because they were thought to be safer as they had little connection to the Belgian public or maybe as he secretly had remained protestant) and divided the territory among them.

PRESBYTERIANS WERE GIVEN THE PROVINCE OF KASAI BORDERING ON ANGOLA.

Each mission in return assumed responsibility for basic education and health. The division of the terrain between churches identified protestant churches with tribal groups. Later, where companies or individuals bought part of the territory, they, too, were, in return, to assume responsibility for organizing order, education and health. This is the origin of Congo as a 'Federation of missions.'"

V. ZAIRE/CONGO 1982

"13 Nov., 1982

Dear friends,

Yesterday I had wanted to write you. But amebic dysentery and sheer physical and psychological exhaustion kept me in bed fitfully snoozing instead. My Zairois experience has been very varied, but hardly a day has passed without great compassion for hapless victims of a sick society, admiration for the dogged commitment to service of some Zairois or expatriates, difficult to control righteous indignation before unabashed exploitation in the name of state/church/commerce, deep humbling in 'la condition humaine' and the ongoing international exploitation.

In the last two weeks I have seen more malnutrition, I mean extreme cases, such as kwashiorekore, than in my five years in India. One finds here kwashiorekore of children of all ages, of adult women. Many (most?) Protestant missionaries tend to ignore the extreme situation as they live in compounds, carry out well defined and restrictive programs, do not visit the villages. Some tried to tell me even that I didn't see what I saw in two weeks of hobbling on rural roads visiting small villages and local congregations as well as catholic and Kimbanguist communities. The catholics and Kimbanguists are a little more aware. One sister of charity had remarked that the + or - 5000 (sic) deliveries per year in her maternity (hospital) had more abortions, hemorrhages, infections than previous years. This month alone she had seen three adult, pregnant women with kwashiorekore! Two visible factors play: the season and social status. This is the pre-

harvest rainy season with generalized food shortages, most of the adult women with kwashiorekore I questioned are widowed, divorced, single with children, and/or recently back from an urban area. Some were said to be witches (lost children or husband and are therefore suspected of having eaten their soul/or were somewhat eccentric). For children, all of the same factors, plus big families with very close spacing, ignorance of a child's need, mother too busy with family subsistence to pay attention whether the child gets food or not, families leaving to farm at 15 – 25 km distance and toddlers left in the care of 5 – 8 year old ones for weeks at a time.

Local protestant churches seem up 'til now to have very little social mission. Some have built dispensaries, some have even nutrition programs, but the work is done on a first-come first-served basis against payment, sometimes even enough payment to assure a handsome benefit for the church.

All problems tend to be seen as proof that people have sinned or are lazy, stupid, ignorant. Blame the victim is a favourite game here as in most of the world. The way out? I don't know. I hope God knows! I have suggested more consciousness-raising among pastors, elders. I was told basically that they have closed minds and hearts, but some I met seemed almost ready to awake. In fact, the most striking thing is that there is very little hope protestants express, very little confidence that anyone else cares. Still I can only see a fundamental conversion as valuable: hearing the cries of the hungry and the oppressed, a reform of society starting from inside the church, true prayer in action for the daily bread of all rather than the pursuit of bigger church buildings and more prestige, true search for God's equity.

Can I help? Can you help? Maybe. It sure was a test of the promise I made before you: to pray with the victims, to pray for the victimizers. I have tried consistently. The first part comes naturally. The second part is troublesome where clear victimizers exist. At times I rather feel like punching them in their face or their well-fed bellies. But in many of the situations the victimizer of today is the victim of yesterday and tomorrow, too scared to be able to love. Those victims/victimizers I have little trouble to approach and offer my love and tortured prayer. I think my insistent questions on the why/how of the problems, the why/how of the local church action or inaction, the why/how of the missions' response to the problems and to the local church, have helped, however little.

Protestant missions are still by and large expatriate outfits, huge institutions busy as bees doing "good" but also disconnected from the local churches (even of the same denominations!), accountable only to mission boards abroad. They have C B radios, their own mission planes, their own banking system (all accounting in dollars), in short, their own world in which Zairois are admitted as recipients of services if they pay (they always can if they want to! never yet seen one who couldn't!) and if they obey set rules and regulations. About half of the protestant missions I saw use extravagant levels of technology and introduce the Zairois to the Consumption Society thanks to imports from S. Africa and USA. Other protestant missions, with a more fundamentalist orientation,

smell decay (water supplied by the bucket, W C flushed once a day or so, undisturbed termite hills in a bathroom) and regimentation of bodies and souls. They teach people material progress is bad. (Are) any of the protestant missions in Zaire reality-oriented and well-balanced? The best seem to be the Salvation Army missions run by the Swiss. They are clean, well-organized, making good use of local personnel and intermediate technology (high correlation between these!). They use functional and 'ecological' architectural designs made by a catholic priest. The Zairois personnel and the Swiss missionaries have a joy and openness that is refreshing. They care and worship together. I visited them in Kasungulu, Kavoya and Kinshasa.

The other protestant missions I visited are among the best known: Sonabata, Mbyi-Mayi, Kimpese, Bibanga; still to come Vanga, Tshikaji and Kananga. Maybe I was not lucky in the selection, but I feel as if my observations may in fact reflect some systemic diseases of a living protestant theology. I feel the lack of intimacy between Zairois and missionaries. Mission groups and local churches translate well a view of the missionaries as 'set apart,' the Zairois as recipients of their good will. Given a chance most Zairois complain about this, but they are not often given a chance within the hearing of the missionaries. On the other hand, the missionaries often seem to repeat the historical link capitalism-protestantism, or to refuse to spend the effort to maintain a sanitary environment under tropical conditions because their concerns are other worldly and they believe more in the word as action than the action as word."

Cecile continued on 11/13 saying her previous letter did not "give you a feel for the range of human debasement to human sanctification I have found here. Besides protestants (+ or - eight million members) there are Catholics (+ or - 12 million) and Kimbanguists (4 million). In many places, these are no longer waterproof divisions of the church, or warring members of one body. Individuals have taken the initiative to reach out and work together for a time-limited project or even for programs (vaccinations, under-five clinics, etc...); some rare instances have seen fully ecumenical worship. Still, the subcultures of these three major denominations are very distinct.

The Catholics tend to be the most jovial and earthy, very wary of hierarchy (Belgian and Dutch rebellion!), nurturing, living in mixed European-Zairois small convents (+ or - six sisters, + or - two fathers), not very highly educated but based on common sense and experience managing well and providing better quality education than the protestants or Kimbanguists.

The Kimbanguists have an almost mystical glow. They are a truly (indigenous?) Christian church. They were brutally persecuted between 1921-59 by the Belgian authorities upon request of catholic missionaries and with the complacency of the protestants. Their theology is centered around God as 'father' of every human being, and God's care and forgiveness for Africans as shown in their prophet Kimbangu. They are very strict (no smoking, drinking, dancing or free sex), disciplined and seem to prize highly honesty and humility. Their hospitality to foreign guests is absolutely fabulous.

Each foreigner that visits is seen as a confirmation that God intends us all to rejoice in our common humanity and in African freedom. Their church worship shows influences of Baptist rites, lots of hymns, improvised chorales), Salvation Army (brass fanfares and parades), traditional African feudal customs (kneeling when being addressed or addressing a superior).

Where, in the general population, court suits with arbitrary arrests on grave but unsubstantiated accusations have become very common, are very feared as mostly fatal and lead to complacency with all kinds of behavior, the Kimbanguists seem to run their own disciplinary system. Public confession exists for grave transgressions and is followed by an undetermined period of penitential 'sitting apart' until the person is thought to have fully repented. Even private confession to a pastor involves an undetermined period of literally sitting separately until one has fully repented. There seems to be no beating or brutalizing. Voices rarely are lifted. Before taking any food or drink (a biscuit, a glass of water) one gives communally thanks to God. Usually the person actually serving (even if a servant) leads the prayer. The more than 40 years of hunger and deprivation while under persecution, their present general level of poverty, gives these prayers special meaning. To have clean water or a soda is still a true luxury and joy.

I enclose a picture of myself with one of the oldest living Kimbanguists (born about 1895, imprisoned 1921 – 59). I met with him for an hour or so and listened to the stories of persecution and God's victory. There was no bitterness against me as a Belgian or a white person or a protestant. Only sharing a joy in God's victory over it all. At the end he wondered whether I had the age of his children or grandchildren..."

V. EGYPT 1984

In a letter May 13, 1984 to Maryland Presbyterian Church, Cecile writes: "...I went first to Egypt and arrived on the second Easterday. At the airport I saw people ... being shepherded out by specially hired agents. In other countries, churches had made an effort to meet me almost on the tarmac, so that I would not find any difficulties with immigration or customs. Here I couldn't detect anyone waiting for me, until all formalities were over and I was emerging amidst very energetic taxi-drivers. The two men were particularly distinct by a very soft, almost timid smile, and very quiet manners. One was about 5'7" with African curly hair, but distinguished strong Arabic profile. His name is Yusuf, and he turned out to be our driver for the whole stay. He is full of wisdom about people and how to bluff even the most aggressive. His obedience and punctuality would outdo any German.

The other man, of very light complexion and Mediterranean looks, was only about 5'3". He is Dr. Alfred Yassa, Egyptian, but born and raised in Sudan. As I would learn,

he had and has an exemplary patience and longsuffering, a great healing gentleness and an extraordinary capacity to look at and review his own actions almost dispassionately whenever something goes wrong or someone seems upset. But in his very quiet there is an undertone of passion for peace, truth and forgiveness. He became my constant companion as we reviewed different church initiatives during the week. He also was the organizer of a seminar where his church, the Coptic Orthodox, but also the Coptic Evangelicals (previously known as Presbyterians?!) and the Roman Catholics discussed the health services the churches would like to organize.

Maybe I should explain a little about the different churches. The Coptic Orthodox Church traces its history to St. Mark the Evangelist. So it is one of the original Christian traditions. Part of its worship is still done in Greek (Kyrie Eleison, Athanatos Agios, for example), part is in Coptic language which is a derivative of first century Egyptian. But as the Coptic language and alphabet is no longer used in daily life, the churches often provide written Arabic translations which are better understood by those who have modern schooling. The Coptic Orthodox form about 7% of the population and are particularly represented in Upper Egypt. In the urban population some form a business and intellectual community, but many live in the poor areas and are unskilled labourers. The most well-known group perhaps are the 'garbage collectors.' They are a group which is hereditary, and limited to scavenging other people's garbage. In my own experience, they seem comparable to India's untouchables who are sometimes called scavengers. No one I talked to seemed to know how they originated or when this shameful system was started. All garbage collectors are said to be Christian, as they must be able to feed the unedible organic material, including excrements, to pigs. The material that is still judged edible is consumed by the family. Paper, tins, plastics are sifted through by women and children to resell what can be sold. They are not permitted to settle permanently so they are forced to erect shacks, that the police can burn down in ritual raids that take place every so often, or they open tombs in the necropolis (some look like respectable one or two room houses).

The number of garbage collectors is not known, but Dr. Alfred Yassa estimated about 25,000 in Cairo. The church has community councils (not unlike a Presbyterian system), priests (that are entirely dependent on local support...), contemplative nuns, and more recently a renewed system of deaconesses and some vowed to church service, bishops who are chosen from among celibate monks, and a patriarch (also known as pope) chosen the same way. The pope is not considered infallible. Pope Shenouda was put under strict house arrest by Sadat and has not yet been released notwithstanding many interventions by WCC and others. Bishop Samuel who made, together with Bishop Athanasios, many efforts at reawakening the social concerns of the church was murdered by Muslim extremists, on the same platform with Sadat.

A corporate council of Bishops finds it hard to manage day to day matters of the national church as well as their respective dioceses. Their communications with Pope Shenouda are government controlled and arduous. So it is a church aware of its historical

mission, challenged by the injustices in the Christian community as well as around them, but handicapped...

I hope you understand from this how most discussions center on the meaning of the cross, on forbearance, on persistence...and on the role of the church universal. There is a great need to walk cautiously, but bravely, to be true to oneself and one's tradition and at the same time one seeks new vision and a deep link with the church universal. I got to know many church workers, some health related. I got to know four of the dozen bishops. The most senior and striking figure is Bishop Athanosios. He must be about 5'1, seems about 60 and somewhat bent under the years, but moves very swiftly and smoothly. He talks as much with his eyes as his voice. He is emphatically honest, shows intense passion for the poor and therefore for church reform that will better serve them, as well as be less mortifying on the church workers. He goes out to people and can let them feel the need for change and the need to take risks, while being cautious. Whenever people try to shower respect on him, he almost brutally refuses. But he is also a man of peace and wisdom. He seems to be one of the major architects of the church's precarious balance between submission to Muslim dominance (higher taxes for Copts, less access to government resources, no right to convert, etc...) and assertiveness as a prophetic voice in the general community.

The Coptic Evangelicals were the result of Presbyterian mission activities in the 19th and 20th centuries. Most converts came from the Orthodox Church. These double historical roots show. Westernisation of daily life seems much more pronounced. The role of the women is somewhat more asserted in public as there is one very articulate female elder (Mary Fadell). Mary was my faithful translator during the meetings, which, on my insistence, were entirely in Arabic except for my interventions. She and I had met before as she also is a commissioner for CMC (Bishop Athanasios, too, was from 1968 to 1975). Mary has more family in the USA than in Egypt and is considering emigrating herself with her husband and youngest. All her children and siblings are already there! She is a highly respected piano teacher and has worked for the last ten years to construct a home for old people of her church and the general community. She believes there are no poor in her church, although many old people have fixed pensions which make it desirable to help them. I have all indications this is correct.

The church has a wing that works in rural communities for development. They seem to have studied the situation extensively, but the short time and maybe the fact also that I came primarily for the Coptic Orthodox Church, made it impossible to see for myself what they are able to achieve. Hopefully, next time, better.

The Roman Catholic Church is also of recent introduction. They seem to have stopped attempts at converting Orthodox and instead help train the deaconesses in community work. The best known is a Belgian nun, Sr. Emmanuel, who works in collaboration with Coptic personnel and Coptic support in some of the garbage collector

communities. There is also a whole multinational community significantly called the Sisters of Christian Unity.

On the whole, the present Egyptian population is Arabised and Muslim. Only a few seem fanatical, but their number is growing, and so is their influence. So, recently, the university has seen reappearing the veil and has had to forbid to put it before the face. On the street at least 20% of young women wear one version or the other of veils and kaftans. Among the rural population women wear the old Arab shirt and trouser outfits and head scarves. The fundamentalist Islamic struggle seems to center most visibly on ways to conduct oneself in public, but in reality relates to cultural identity and ethics...and power politics. That is a volatile mixture and moderate Muslims are almost as scared of it as the Christians, who seem to fear a holocaust...

These fears may be very realistic, and I would like to ask that we remember them in our prayers. I do not know how alive the links are between PCUS and the Coptic Evangelicals, but I hope they can become channels of common reflection with the different Egyptian churches. All need to know we fully are aware of them as brothers and uphold them. All need dialogue on their prophetic role. All need Alan Boesak's exhortation that the survival of the church is not to be our preoccupation, but God's, and that our task is witnessing to His demands of justice for all. All need that the US government be made aware of its duty to protect these minorities and encourage the Egyptian government to increase justice also for the poor in general. **BUT SUCH ACTION IN PUBLIC OR WITH THE US GOVERNMENT NEEDS DETAILED CLEARANCE WITH THOSE WHO ARE MOST CONCERNED LOCALLY.** Therefore, I want to request this letter be only circulated to a limited number of people, making sure no one acts on their behalf without their consent. Let me close this long explanation on the churches stressing that they cannot and should not be looked at in isolation. Whatever the fate of the Coptic Orthodox will be, will mark the smaller communities. None can be 'saved' in isolation from the others.

In health as in education, the old institutions the church had developed during the last 100 years or so have mostly but not all, been nationalised. This move was both an attempt at secularization of the state and a measure against possible expansion of the number of Christians. The repression of any overt attempts at evangelisation is fresh in everyone's memory, and is often voiced, as Westerners are expected to be keen on traditional evangelism. There is considerable fear of home visiting and other community based activities, because it can easily be confused with canvassing. The Christian communities are poor and can neither afford to build and maintain hospitals, nor would they benefit fully from them, as most of their health problems are more responsive to primary health care approaches. But these in turn become meaningless without community based activities. This dilemma was brought out very sharply by the two-day discussion between all the church groups. It became also very clear this could not be resolved without dialogue with the government (Ministry of Health), and government structures at all levels, the communities as well as all the religious organizations. This is

a gigantic task. But apart from building the foundation for health activities that reach all (Muslim and Christian, poor and rich, men and women and children), it may also be a significant factor in the social integrity and peacemaking. It will be a slow and patient task, but all felt it as urgent and worthwhile.

So, during my visit the dialogue between churches on health was made into a commitment and a small group will look into ways of formalizing it while keeping it functional and flexible. At the same time the dialogue was opened with the Ministry of Health and the Division of Rural Health seemed very enthusiastic to have help from the 'voluntary sector' in reaching the homes. I feel the enthusiasm is real, as they realize the government system has a pretty miserable performance, and as they are very well-motivated Muslims with a cosmopolitan outlook (several trained in public health at Hopkins; that link was probably not unhelpful, either). As Dr. Alfred Yassa summed up the situation as I was about to fly off: 'Many fears have so far proven unfounded, even though they may resurface, particularly as one tries to build up links with local communities that are mostly of mixed religion. But what seemed utopian now seems within the realm of possibilities.'

The most hope-giving is the common commitment of these different church groups to work together for and with communities and serve all who need. By itself, this would be a magnificent witnessing to the God of love and mercy. Let us hope that the effort will continue to be blessed by Him, and guided through the storms it is likely to experience....

For Egypt I need also to find a resource person who can help us locate both simple literature, and real professional literature on the intellectual stimulation and emotional education of preschoolers, including, if possible, guides on how to make and use educational toys for preschoolers, and how to organize creative work for them. Can Alice (Kjer) or someone help to dig these out, wherever possible in three copies? I will gladly reimburse costs. Could anyone run a workshop for church workers on this subject? Who? Do you feel you/I/the Egyptian brothers and sisters could approach PCUS for funding of such an effort? Several church groups try to run nursery schools but the methodology is very 19th century without real stimulation to creativity. Even so, it is an important public service to middle-class children and a few poor. Spreading it before improving the quality is futile, I feel. Once the methodology is better understood, I think questions of justice will demand that they help communities to create their own nurseries and that they teach parents the rudiments so that the children undergo more consistent treatment (especially important among the poor). Please let me know how much interest there is in collaborating on this subject.

Best wishes and love to all and each one! PEACE! Cecile"

VI. LAOS

Cecile's description of Laos written in 2000 to Maryland Presbyterian Church

“...The North of the country (from about 100 km above Vientiane) is mountainous. People live above 1500 m. They are mostly Sao Soung people of which most are of Tibetan Chinese background. They raise animals, have paddy fields in the valleys and do artisanal work, fairly well commercialized... Their biggest problem is nutritional. Three months hunger is considered normal. As far as we know, no endemic cholera. Childhood mortality, about 150/1000.

The plain around the Mekong is the area of the Lao Loum. They are immigrated South Chinese (cousins of the Thai) who fled (from) the Han and Ho about 600 years ago. They are sworn sticky rice farmers. Most are still subsistence farmers, who make most objects within the family. Very little commercialization of handicrafts or agricultural produce. More than 90% barely participate in the money economy. Nutrition is a big problem in terms of quality and overall quantity, resulting in massive (50 to 70%) stunting. Child diarrhea is the third most important killer; childhood mortality about 120/1000.

The Lao Theung are a Mon Khmer group, until 1975 enslaved by the Lao Loum. Very stunted, barely eking out a living in the Eastern Annamites along the border with Vietnam. These hills rarely go above 1000 m. They practice slash and burn agriculture, but are also or even mostly hunters, gatherers, terribly affected by the American bombings with chemicals and explosives. Most of the massive UXO are in their area and limit the availability of land. More recently they are affected by progressing deforestation.

They have the highest rates for endemic cholera with yearly epidemics. They suffer more than the others, TB, leprosy. Hunger is chronic the year long, stunting is generalized. Reportedly, they would have 25% thalassaemia. Childhood (mortality) is the highest, about 200-300/1000.

...Each of these ethnic groups have their own languages, not mutually understandable because they belong to different language groups. They also have very different habitat, village structure and physical culture adapted to their environments. Since about 10 years, travel in between parts is permitted, and handicraft tends now to travel, too, even though marketing of anything is still very limited because of the lack of cash.

The religious beliefs are also different: Lao Theung are mostly animistic, with some ancestor worship. Lao Loum are Hinayana Buddhist with a heavy overlay of

ancestor worship. In both groups there are 1-2% Christians. The State fears conversions and discourages them. Lao Soung are animist with Mahayana Buddhists and some Christians, mostly converts of the 1950-75 period when Americans had USAID and CIA here and auxiliary Hmong troops (Lao Soung).

1. Development of Laos, its forestry and agriculture

Laos is among the very poorest in the world. It has an estimated per capita income of about \$300, one of the very lowest in Asia. Its literacy rate is about 45%. One of its richest areas is growing coffee (Paksong). Its yearly per capita is estimated at \$540 only.

Population density is low and is estimated at about 20 people per square km. In the more fertile plain, it is about 20-50 per square km. In hills and mountains, it goes down to less than 10 per square km.

The country still has extensive beautiful forests...Since then, with WB and ADB funds, high roads have been built. The loggers have been the first ones to use them. Recently logging of healthy trees was theoretically banned under international pressure...The ban is little consolation as a coalition of private firms and provincial authorities has collaborated to make most of the forest wasteland; some is transformed in paddy fields.

Most people (80%) are subsistence farmers. Growing rice and raising animals for their own consumption (buffalo, cows, pigs, chickens and increasingly goats). Subsistence farming in the hills and mountains is very difficult and a yearly hunger period of three months is considered normal. In many places people are not recognized as poor unless they have no animals, no other assets and go hungry for more than three months up to six months a year. The very poorest go hungry all the time.

The government employees, traders and people in salaried jobs are less than 15%. The government employees that are not corrupt are very poor. The best paid have about \$20 per month, barely enough for 20 days food for one person. So most of the government employees have their own paddy fields, grow vegetables and sometimes fruit for sale. Paddy fields are very labour intensive as rice needs to be transplanted.

Laos has the biggest variety of rice in the world, more than 300 genetically different strains. The varieties that are most consumed are the glutinous or sticky rice (white to black, long and short grain, eaten ripe or unripe.) The green rice...is prepared and can be tasted as is. The sticky rice is steamed in conic mats (example, or in banana leaves or even roasted when filled into bamboo sticks. The steamed

rice is carried by farmers, travelers, school children and others in decorative woven pots. Sticky rice is bulky food and contributes to malnutrition by its very bulkiness. Children try to supplement their diet by fishing, hunting, etc., from a very early age. The word for rice is “khao.” But khao also means food!

2. Childhood, its learning and productive activities

Children were born to very young mothers and in big numbers up to 1995. The completed family size was 7. Now we still find areas with similar patterns, especially in the north with Lao Soung and some limited Lao Theung areas. But our pilot areas have already undergone a fertility decline. Last year’s birth rates were in between 28/1000 and 36/1000 for four zones, with one being up to 40/1000. We cannot take credit for it, and unfortunately, we do not yet know how it is done, but we have started offering modern FP (family planning) (pill, depoprovera and condom).

Most children of Lao Loum are born at home, in the remote area, especially. Lao Theung women go into the forest to deliver. This is supposed to show their bravery and assure the birth of a courageous child. After 24 hours, if both survive, they go home.

Subsequently they are either carried by adults or put in a swinging basket...Normally the baby girl is naked or half-naked as the climate is very warm. The mother might wear a bra or a simple cotton blouse and a sinh....Among Lao Theung the father takes from very early on a major role in raising and feeding the child rice water, while the mother continues breast feeding when she is home. Most L T children only get night feeds of breast milk.

All over Laos the most important learning in childhood is casual observation of adults and taking up adult activities very young...Children are seen to do almost all adult activities independently, including construction work, pushing heavy handcarts, or driving a motorcycle. Adult supervision is rarely evident for anyone over 3-4 years. Older and younger children sometimes associate.

Kids carry themselves very responsibly and calmly and do not seek adult explanation or help. It may “help” that most are stunted, surviving on low calories and so little inclined to unnecessary movements or activities.

Toys are mostly seen in towns with Westernized families. Games are very few in the villages. A common game for kids is throwing sandals at an object to dislodge it and earn a little money for a hit. Another traditional game more for youngsters is played with a rattan ball. It is bounced on the body and legs (not feet nor hands). A bit like volley ball.

3. Productive activities of adults

Most adults are self-employed in subsistence economy, but an innovative minority venture out in commercial or salaried jobs. The poorest of the poorest work for little more than food in casual labour.

Many women with small children will open restaurants, so that they can work at home. ...Two of the most modern, respected and remunerated jobs are captain on a ferry (often owned collectively by a family)...and driver...

4. Water

Water next to air is the most basic need of people. Water for drinking, water for fields and animals. Water for bathing. In Laos people are extremely familiar with water and its importance as well as its dangers. Most do not swim as the currents are strong in the rivers and the depth insufficient in flooded land or irrigated fields. In the plain, floods and water-logging are extremely common, but within two months all moisture may be lost in the hills (only max 30% absorbed). In the plain, too, real drought exists in many places almost as soon as the rain stops. The soil becomes hard as stone. So water stays a constant preoccupation.

The plain has the Mekong, one of the biggest rivers in Asia. All the bigger cities (15,000 and more people) are on the Mekong and drink the river water after sedimentation and chlorination. Villages near the Mekong use the river water or well water. Often they will boil it, or buy for 10c a liter of supposedly potable water.

There are many other sizable rivers: the Sekong...people come to bathe, bathe buffaloes, wash clothes and cars, take drinking water. So the river becomes a source of life, enjoyment, cleanliness, transport, disease and death.

Some villages and towns have wells,... but more often than not, surface water is used for all purposes: rivers, streams, lakes, temporary pools of water. In the rainy season people are in the fields in temporary huts, with no wells, no dry ground where to make a fire to boil water, no formal toilets. The surface water is heavily infected by human and animal excreta. That is why we want to try to chlorinate the water to kill all the bacteria in it.

People's comfort? Most people have houses with common rooms for all. To be alone is feared by many, as then spirits attack. People commonly sleep on mats even though better off people are buying beds. Hang mats exist but are commonly only used during day time. Home entertainment is a kind of checkers played with bottle tops in the sand,

card games playing for money, and for the rich, television or video (very exceptional), little or no radio. People get together for festivities or celebrations and eat and drink home or village brew of rice wine or 50 degree alcohol. But Lao beer is making inroads. Alcohol is a curse on the middle class and elite, who often die about 40 – 50 years old with live cirrhosis, or liver cancer. Opium and other psychotropic plants are used openly both as a medicine and entertainment. Officially it is illegal, but there is little attempt at educating the people.

Housing standards in general are low. Even officially 70% have no access to potable water, latrines or bathrooms...

5. Health work

...All of our field team for chlorination in Sekong are people involved with three pilot areas totaling 10,000 people, where we seek to implement integrated primary health care, including chlorination...Village health workers provide oral rehydration and chloroquine and we will expand their drugs for skin, ear, eye treatment.

...The “Baci” ceremony is performed by all ethnic groups. Its origin is unclear; it is not to my knowledge, Buddhist. I consider it the most exportable religious ceremony as people wish each other peace, health and long life and well-regulated touching for solidarity creates exhilaration in the community unused to touching except in sexual activity. The symbols of the good life are food and daily beverages, and an exquisite flower piece made fantastic by combining parts of different plants and white threads. The white thread will be bound around the wrists by all participants to each participant. It is done at birth, wedding, birthdays and special thanksgiving.

VIII. BASIC BELIEFS

In 2003 just prior to her orientation to become a Presbyterian missionary, Cecile wrote about her beliefs and values.

“I was educated by my mother mostly, who was a very ecumenical theosophist, and exposed me early on in a humanistic mode to Christianity, Buddhism, Hinduism, Taoism. I had communion with a small Judaic community in Belgium and I lived with a Parsee family (Zoroastrianism) in Pakistan. I have 14 Tibetan children, 3 Lao and one Cambodian, all Buddhists; my ex-husband and family belong to the Islamic tradition. I have a Hindu South African son and daughter. I respect all religions as some of the most noble endeavors. I also fear fanaticism in any of them as one of the greatest evils. I see the variety of religious perceptions as an enrichment and a challenge to be humble and confess we know at best partially.

I have seen and studied the social and psychological consequences of beliefs like reincarnation; one life and an eternal after-life; one life and no personal survival. The beliefs can all be misused to oppress others and oneself; all can be used lovingly to liberate. These specific beliefs do not seem to matter as much as the basic motivation and what one feels God stands for, who I am in relation to others and to God. So I avoid thought and talk about specific beliefs that I feel do not matter for this life or to God. If they seem to matter to a person, I try to interpret them lovingly while explaining that I see them at best as hypotheses. I trust God is good. That is enough of a certainty for me.

Since I can remember, I hold Love, Hope, Faith and Forgiveness as core guides that are interdependent. Love may be the greatest, but hope seems to me rather neglected while vital. Hope is to me central to Justice and Peace and learning/development at the personal level and societal level. The enemy of hope is indifference. Despair is the death of a hope but can lead to resurrection of a more strong hope. As a development worker and as a mother, I measure my effectiveness partially in how much hope I can facilitate and nurture; hope in myself and others. Love is based on the realization of our unity (He is the vine; we are the branches) and our uniqueness, as well as our profound need to communicate and celebrate that unity and uniqueness. It is central to our relationships to people, to living beings, to what we do and why. It can transform all activities in prayers of joyful thanksgiving.

Love is a powerful energy that moves thoughts, feelings and actions. It is more than sympathy. It is the basis of empathy and nurturing. We think we are commanded love for self, neighbor and God. Probably there is no choice. The one who is moved by love embraces God and beings, including oneself.

Faith is based on humility and trust that God is with us, between us and in us and cares. We can rely on Him. It supports hope and love and makes us steadfast without needing all the time renewed decisions for the good. When we confess to God a weakness, a sin and repent, we turn to Him in faith.

Penitence plays a big role in many religious traditions, including Islam and Roman Catholicism. I have been intimately exposed to both traditions. I have observed with others and myself, that when penitence is meant to pay for the breach in faith, it is logically hard to find a common measure between the breach and the penitence. So it becomes easily a kind of perverted pride. My sin is so big that my penitence is endless and people admire me as a saint; or even I become a suicide bomber. It also means we cannot rely on God to discipline and purify us. A reasonable penitence that does not threaten life or limb, but is a token of our earnest repentance and our willingness to let Him be the judge of what we need as discipline, is often salutary, if we feel we need discipline or we might fall again.

Forgiveness is based on hope that life and relationships can ever be renewed, on loving nurture, on humility, recognizing our own frailty and need for forgiveness. I

forgive financial debts and other debts freely, routinely, whether asked for forgiveness or not. I hold no grudges and try to renew each relationship based on the shared humanity and frailty and the person's disposition. In the worst cases of past abuse I am, though, cautious and keep some distance, even though friendly and willing to help and give renewal a chance.

I feel God is not a judge, nor is he a cosmic banker, as many Buddhists see him. He bases His discipline and forgiveness equally on our realization of what was wrong, why it was wrong and if possible how to right the wrong, and our insight in how we could commit or prevent the wrong and our profound change in disposition, including willingness to confess to the one(s) we wronged and to repair where possible. Sometimes we can correct ourselves based on our love of God, without consciously appealing to His forgiveness and blessing. Sometimes, especially when we have surprised ourselves committing a major error, we need to grieve, repent and accept punishment or do penitence and pray for His discipline and His blessing to overcome whatever the weakness is.

What are my commitments in life?

I believe God calls us to work together to alleviate poverty and give everyone access to the basic needs. I believe God calls us to be just, including not taking more than we need and struggling against structural violence and indifference. I believe He calls us to serve each other and I believe God calls us to be tolerant and seek peace. Religious and political tolerance is based on the humble realization we know at best partially and express ourselves in religious or political idioms that reflect only dimly the reality we comprehend. Tolerance and forgiveness are closely related as both are based on humility and hope to learn. For me, tolerance also means a fundamental solidarity with all on human rights, where life, health and ability to learn and participate in and contribute to the community are involved. From a very early age (5 – 7 years) I experienced consciously the fanaticism of Nazism and conservative Catholicism as threatening to our life style and destroying whatever community spirit could have been. So I vowed to remember that all people seek happiness. I scribbled on walls 'GELUK,' hoping that if people remembered their fundamental desire, they would stop violence, war and fanaticism. I vowed never to let people suffer for ideas, never to force them in a mold. I vowed to live truly, suffer, enjoy the full measure, "burn as a fire," as I put it to myself, even if it meant to take risks and be a ready target for fanatics. I wanted to deal with the reality of being human (not European, not white, not from a developed county), plain human in all its cultural varieties.

The universality and reality of suffering of all living beings (posited by Buddhism) and the reality and universality of joy (Hindu theme) seem to me very important. Suffering seems to me an alarm cry that life is threatened by ourselves or others or is lived under conditions that deny unity and uniqueness. Joy is where forces of life seem

triumphant. So, part of the art of living is to find joy where others would only find suffering and help others to find that joy. The Buddha taught a meditation to unite with the suffering, to unite with the joys of all known to us and in which the next step is transcending both suffering and joy into peace with each other, the universe and God. I believe that peace is not found either in our hearts or in the world until we fully recognize and feel in empathy the suffering and try to heal it, until we share the joy and celebrate life in it. To seek peace is much more than avoid or resolve conflict and refuse war; it is the culmination of all we are striving to become.

What is my relationship to Jesus Christ?

I never have doubted that God loves and cares for me and for all; even so, I almost was lost in despair when my mother, who was my companion, died. My head told me this was wrong and verged on idolatry, but I had not enough strength to feel God's love outside of her human embrace. Until I discovered with joy and surprise much of what I thought to have learned by myself in life was contained in Jesus' reported preaching in the Gospels and in St. Paul's reflections. I meditated and prayed on the Cross, prayed for God's forgiveness of my weakness, for God's strength and discipline, for humility.

I had been stoned as a child for not being a Christian. I needed a strong call to confess that I had been all along following Jesus. He was, and is, my companion. I was baptized by submersion and truly accepted to die to myself and be born again, claiming my birth right as child of God and sister of Jesus. Never alone again.

Did I take up the cross?

Even before conversion I had often meditated on the cross both as a symbol of unity with contemporaneous and past and future life and as a torture of total helplessness, nailed down by the powers that be of this world. I had seen torture victims first at age 5, then again at age 8 or 9 as they returned from concentration camps. I had secretly trained myself to accept pain without crying or pulling back, to be sure I would stay myself faithful to my commitments if ever subjected to it. I accepted at age 14 that my peace activism was part of my calling, and might lead to societal punishment, even exclusion. Later, at about age 18 years, I accepted as professional calling social justice and struggle against structural violence and absolute poverty, knowing it might end in being sacrificed either by authorities or the very people I defend. So I have been carrying the cross consciously for almost 54 years now (25 years since baptism), still not definitively crucified, but still accepting it might happen and praying I may give my life in God's hands while forgiving the perpetrator(s). From minor 'crucifixions,' I know they have a liberating force on the observers who can feel the strength and hope in the love and forgiveness. I hope and pray that if I have to be crucified to death I will be faithful until the end. I accept the minor crucifixions as dress rehearsals that help discipline body and heart and mind to express the willingness of the spirit.

The crucifixion is God's mystery to me. I can meditate on it. I can feel in it the ultimate test of our relationship to God and His creation. I can feel in the crucifixion itself the triumph of Love and Faith, but I also feel the pain of betrayal by the many and the paradox of the amazing grace of God that forgives and liberates those that betrayed.

Why become a missionary?

There is more than ever a need for hope and a commitment to solidarity, social justice and peace. I have served professionally for 41 years through many different institutions, WHO, UNICEF, WCC, universities, foundations, bilateral donor agencies. I always made from the onset a clear statement of values and sought to maintain them. Since the '70's the forces of neo-liberalism and global mercantilism have become dominant. Wild West capitalism with IMF and WTO support is triumphant in developing countries. So, finding agencies with clear concordant values becomes increasingly hard.

I was commissioned in this church (Maryland Presbyterian Church) as overseas associate in 1982. A truly spiritual experience but with no follow-up by PCUSA as a whole, though an ongoing link with MPC. I hope and pray even though the church in general and PCUSA in particular is weakened in numbers, those who are active members are also committed to the same values and that I will find harmony and support for the work.

To work together in true unpretentious solidarity is the strongest message of 'good news' and hope we can give to people around the world, who after the euphoria of independence have fallen victim to savage pre-colonial wars, local oppression, and economic exploitation, social breakdown and AIDS.

What would it mean to be a missionary?

Many people start life and career on a high idealistic note and progressively are taken over by their own ambitions and those of and for their family. They tire of the tension between ambition and service and compromise and become cynical. To me this scenario has always been the defeat I avoid with all my strength. My professional activity and my personal life have remained witness to my commitment and values often in the midst of a cacophony of voices coming from colleagues and agencies.

At age 67, I feel the need to let one of my final professional jobs to be a coherent statement of my commitment in a chorus of harmonious voices. Can it be like a flower becoming the fruit to be shared by all those who hunger and thirst for His love and His nurture?

The final item in Appendix II is the report of the Medical Council meeting June 9-11, 2004 in Tshikaji, in which is summarized the work done by Cecile and others while she worked for the Presbyterian Church USA. It is copied as written and not retyped or edited by me.

**31st Presbyterian Community in Congo
Coordination of Medico-social services
POB 117 Kananga Congo**

**Report of the Medical Council meeting
9-11 June 2004
held in Tshikaji Western Kasai
Congo**

MEMBERS

a) Present

1. Reverend Mulumba Musumba : General Secretary of 31st CPC
2. Reverend Bope Mikobi : Legal Representative Western Kasai, Katanga et Kinshasa
3. Reverend Tshibemba Tshimpaka: Legal Representative Eastern Kasai
4. Dr Mwala-Bady Medical: Director of IMCK and Medical Dir of Medical Dept al
5. Dr Cécile De Sweemer: Technical Assistant of the Medical Dept
6. Dr Kazadi Mpoyi : Medical Director of CHPM
7. Dr Bernard Ngoy Mukuta: Medical Director F.M. Bulape
8. Dr Dominique Badibanga: Medical Director of Lubondaie
9. Dr Philippe Mbuyi Medical Director Luebo Hospital
10. Dr Mukenna Tshimankinda Medical Director of CMC Bibanga and Vice Director of the Medical Department

b) Invited but absent

1. Rev Mboyo Mucina, Modérateur de l'Assemblée Générale de la 31 e CPC
2. Dr Tshiamala, Médecin Directeur de l'hôpital Mutoto

c) Observers

1. Dr Léon Katambayi Physician of CMCB and MCZ ai Bibanga
2. Dr Kali Kalamba Physician Mutoto Hospital
3. Mr Evariste Kalonji Administrator of CHPM
4. Pasteur Jean Jacques Ntatu Administrator Moma Hospital
5. Mr Sébastien Katumongani Administrator ai of IMCK
6. Mr Joseph Lukonga Ilunga Administrator of CMC Bibanga
7. Mr Hadibunga Mande . Administrator Lubondaie Hospital
8. Mr Joseph Kongo Kapumbu, Administrator of FM Bulape
9. Mr John Tshimbalanga Accountant Luebo Hospital
10. Mr. Mbaya Sampika Coordinator Nursing Moma Hospital

The session was opened by a meditation on the Acts of the Apostles 9,15 and 20.19 by Rev Ilunga. He stressed the fact that the text written by a Greek physician shows we need a vocation, training and judicious choice of methods in our ministry. He further underlined that we are all in the ministry of healing and need to be willing and skilled instruments in God's hands.

The session was declared valid given that the quorum was largely fulfilled. Dr Mukena was elected secretary to the meeting and Dr Mwala Moderator. Agreement was given to the following agenda:

1. Meditation

2. Organization of the meeting
3. Presentation of members and participants
4. Introduction by the Medical Director of the Medical Department
5. Reading and discussion the report of the meeting of the Medical Council in 2002
6. Reports of the Medical Institutions of the 31st CPC
7. Report of the Medical Director of the Medical Department
8. Vision of the Medical Department as Coordination Presbyterian Medico-Social Services : Objectives, strategies et tasks et mode of organization (group discussions)
9. Priority problems in the activities of the hospitals and the activities to be undertaken by the hospitals and the community
10. Outline of Projects
11. Election of the Director/Coordinator and the Vice-Director /coordinator
12. Synthesis of the plan 2004-2019
13. Drug procurement center
14. Harmonization of the framework for Reports from the Hospitals
15. Communications
16. Meditation and final prayer

After a word of welcome by Dr Mwala all members presented themselves. The Report of the MC of 2002 was read in extenso and each point was discussed especially probing for follow-up or lack thereof of the decisions taken. The report was adopted unanimously after discussion of the following main points

1. The members of the Medical Council are according to the statutes :the Secretary General of CPC and the two legal representatives, the medical director of the medical department and the vice medical director of the department, the medical directors of the medical institutions of the 31st CPC, the administrators accompany the Medical Directors as observers and to supplement the reports of their respective institutions.
2. CHPM confirms that it still needs funds for electrification (page 5) the autonomists stole some equipment and also the funds available at that time.
3. MC meetings should be annual, but were disturbed by the events in Eastern Kasai.
- 4 Regarding Dr Nzengu (P5 pt 7), Dr Mwala told the meeting that he wants to come back but is afraid to relive the same situations with the autonomists (breakaway group with Mbaya who threatened and aggressed).
- 5 Luebo (page 7 pt 2, 3, et 4) the problem with personnel that is past the age of retirement and not truly needed was discussed and all Medical institutions are invited to make a list of all people of retirement age and to present them to their Legal representative with copy to the Medical Department as well as buy and apply the law on labor

6 Révérend BOPE Legal Representative, spoke about the debt of Dr Kasonga and the fact Kasongo complained to the Inspection of Labor and initiated a Court case. Such attitudes are very regrettable.

The nurses in Luebo which had set up private practices seem to have stopped now that a MD is permanently available..

7. The absence of a representative of Sanru III in the MC (p8 pt 1.2.1.) was pointed out. The Medical Director explained Mr Larry Sthreshley had been invited and had accepted to come but had found it impossible at the last minute.

The participants would have wanted to discuss the partnership with SANRU. SANRU has a very different policy from other partners, that work in neighboring zones. For example on the payment of incentives, but still SANRU wants to be the one and only partner in our zones. GAVI funds were not given to our zones as SANRU took the position of intermediary unacceptable to the Gates Foundation.

Recommendation :that the Medical Director of the department contact those in charge of the SANRU project to discuss the concerns of our health zones.

8. On the fact that the CM asked a PCUSA contribution for the legal cost of CPC.

Recommendation is that CPC introduces a new request with a detailed and motivated budget

9. Concerning continuing education PCUSA has not accepted to give a grant to non academic continuing education but has a program for scholarships for academic training. .PCUSA is willing to open a subECO (special account for voluntary contributions) for non academic continuing education.

Recommendation : open the sub ECO to be operated by the Medical Department.

10. On the absence of a representative of the HC Luputa (p 4 pt 08-3) the legal Representative of Eastern Kasai affirmed that there is no Luputa HC associated with the 31st CPC.

In the afternoon of the first day reports of the medical institutions were presented

1. **The Presbyterian Hospital Center of MbujiMayi**
2. **The IMCK Tshikaji**
3. **Medical Complex of Lubondaie**
4. **Moma Hospital**
5. **Medical Complex of Bulape**
6. **Hospital of Luebo**
7. **Hospital of Mutoto**
8. **Medical and Surgical Center of Bibanga**

1. REPORT OF THE PRESBYTERIAN HOSPITAL CENTRE OF MBUJI MAYI (CHPM)

After amendments and recommendations the report was adopted with thanks and encouragement of the CHPM.

Recommendations :

- Reinforce conscientisation of the population, about follow-up and scheduling of the treatment of TB patients
- In the financial reports that are destined for our partners, use terms that are generally understood and indicate our commitment to being non profit organizations working for the public good. The Congolese accounting plan can be utilized locally. The Medical department is requested to develop a framework that is internationally understood.
- Ask IMCK for visits of specialists when such a need arises.
- supervisions should be done as percentage of expected
- The special demands need to be presented shaped as projects and not as wish lists as utilized before. Projects can also be shared with the Medical Council/Medical Department.
- For scholarships the institutions should indicate the particular studies they look for and where, as well as how these studies will benefit de institutions.

All of these recommendations are also relevant to all the other institutions and will not be repeated in this report.

2. REPORT OF IMCK

Presented in three parts, the two first ones by the Medical Director Dr A. Mwala-Bady and the third by Mr Sébastien Katamongani Administrator a.i. The report was adopted with congratulations after amendments and comments.

Recommendations :

- Before sending technical people on retirement (such as Mr Kabamba) make sure you have prepared well their replacement.
- Adopt a policy for the management of drugs to take into account expiration dates FIFO method should be used (First in first out)
- GBH (Groupe Biblique Hospitalier) conference in Kinshasa in August will be a good occasion to send administrative officers from IMCK
- Review the vaccination coverage figures as those at the Medical Inspection seem much weaker
- Document all support that IMCK and the church give to the health zone and let the MOH know

Most of these recommendations apply to all institutions and therefore will not be repeated.

3. REPORT OF THE MEDICAL COMPLEX IN LUBONDAIE

The report was presented by Dr Dominique Badibanga, Medical Director, and was adopted with thanks and encouragement as well as some recommendations.

Recommandations :

- The data of the Reference General Hospital should be shown separately from those of the health zone HCs.
- Train TBA to detect risk factors and thus reduce catastrophic dystocia.
- Adapt the hospital report to the HMIS and use it analytically
- Document the utilization of the ANC when combined with availability of subsidized mosquito nets.

On the financial report :

- Give footnotes for items that are not self obvious for those who read it
- Salaries provided by the State should appear both as income and expense

All these recommendations apply to all our institutions.

4.REPORT FROM MOMA HOSPITAL

Révérend Ntatu, Administrator, presented the report which was accepted after amendements and recommendations .

Recommendations :

- Include always a report on pastoral care
- a project should be prepared for rehabilitation of the infrastructure and renewal of the activities. Organize visits of physicians
- Our Institutions should make special contributions to support the efforts of the Moma.Hospital

5.REPORT OF THE MEDICAL COMPLEX OF BULAPE

This report was presented by Dr Bernard Ngoy MUKUTA, Medical Director, and adopted with the following amendments and recommendations:

- The total cost of salaries is quite high given an excess number of administrative and support personnel. This may necessitate innovative solutions engaging them in income generation , for example through agriculture . One should also stop the practice of a double salary during the vacation month.
- There is a need to study carefully how to deal with the competition from other health zones where charges are very low as they are supported by other partners. The strategy of better equipping the surgical unit may not be sufficient.

6.REPORT OF THE MEDICAL COMPLEX OF LUEBO

Presented Dr Philippe Mbuyi, Medical Director, the report was adopted with recommendations .

Recommendations :

- Include in the report data from the previous years

About the financial report :

- The balance shown needs to include resources available at the Congo Field account
- Make an effort to reduce the costs of maintenance and salaries which take almost the totality of the local income
- Gifts and grants should not be used to pay salaries.

7.REPORT OF THE MEDICAL AND SURGICAL CENTER OF BIBANGA

This alarming report was presented by Dr Mukena Medical Director. It reflects the profound crisis of the church in Eastern Kasai, it was accepted after discussions and amendments.

Recommendations :

- Undertake steps to obtain for the teachers of the ITM a state salary
- Thank the political and administrative authorities for all help provided and keep them informed about our activities to motivate them to provide further support.

Regarding the financial report:

- Check whether the judicial costs were not forgotten under diverse losses
- Regroup all supplies rather than giving too many details
- Separate accounts of the ITM and de General Hospital
- Develop a well motivated project for maintenance of the hydro-electricity as maintenance will be less costly than repairs

7. REPORT OF THE MEDICAL DIRECTOR OF THE DEPARTMENT

This report was presented in 10 points by the Medical Director, Dr Mwala Bady, and was accepted after amendments, discussion and recommendations.

Recommendations :

1. Mention more clearly the resources and interventions, that kept the Medical Department going in 2003 and the first months of 2004 such as SANRU with Dr Cécile, and IMCK etc.
2. Formalize an ECO account so as to find more quickly funds for the activities of the medical department, which will need to be accelerated.

VISION of MEDICAL DEPARTEMENT - COORDINATION THE PRESBYTERIAN MEDICO-SOCIAL SERVICES

The medical Director presented the draft vision complete with commitment of the CPC, objectives, strategies and tasks and the organizational approach to obtain coordination of the Presbyterian medico-social services. The Medical Council has taken a unanimous decision to create the Coordination of Presbyterian medico-social services, accepting the proposed objectives strategies and tasks.

Recommendations to the Medical Department :

- Undertake steps to make the Coordination a functional reality
- Submit to the GA of 31st CPC the proposed commitment and obtain their agreement

A modified version of the problems in the network of Presbyterian institutions and in each institution resulted from group discussions and plenary review (Annex 1)
A completed version of the Vision is attached as Annex 2 to this report and is based on group discussions and plenary review.

This review of problems and the Vision are two of the major documents resulting from the Council meeting and can guide the work for the next year(s)

HARMONISATION OF THE FRAMEWORK FOR REPORTS FROM THE HOSPITALS

Recommendations :

- Every Medical Director should study and analyse the proposed framework and propose changes to the medical Department.

- The Medical Dept will study the tables and equip them with indices and norms to help the interpretation

ELECTION OF THE MEDICAL DIRECTOR/COORDINATOR AND THE VICE DIRECTOR

The elections were organized with Dr Dominique moderator the mandate is of 3 years renewable. The Director and the Vice Director were at the end of a three year term : Dr Mwala Bady was reelected as Medical Director/Coordinator for a new term with congratulations.

Le Dr Kazadi Mpoyi has been elected Vice Medical Director/Coordinator with congratulations to replace Dr Mukena who can not be available at all times.

REPORT OF THE Ad Hoc COMMITTEE DISCUSSING THE CRISIS IN EASTERN KASAI.

Context : When listening to the report of CMC Bibanga, a fundamental question arose what can be done to find an enduring solution to the crisis in CPC in Eastern Kasai which disturbs profoundly our medical institutions. An ad hoc committee of the Council was formed with the following membership:

1. **Rev Mulumba Mukundi**, General Secretary of 31st CPC
 2. **Rev Bope M.** Legal Representative Western Kasai and Katanga
 3. **Rev Tshibemba M.T.** Legal Representative Eastern Kasai
 4. **Dr Mwala-Bady A.** Medical Director of the Medical Department
 5. **Dr Cecile De Sweemer** Technical Assistant to the Medical Dept chosen to present the report
 6. **Dr Kazadi Mpoyi A.** Medical director CHPM
 7. **Dr Mukena T.** Medical Director CMCB
1. Organize in the whole CPC a day of prayer on the theme of our unity in Christ
 2. Organize worship with thanks to God in Mbuji Mayi and Bibanga
 3. Mobilize our own senators and deputies to find their support for the resolution of the problem
 4. Study the possibility to cover CHPM and CMCB under IMCK or the Medical Department
 5. The medical Council should write letters to the authorities : President, Minister of Justice, Minister of the Interior, Minister of Health, Governor and Prosecutor) to thank them for giving the church its rights on its patrimony.
 6. Let every Medical Institution contribute towards the legal costs this crisis is engendering.
 7. For future actions the department will send a circular letter

This report was accepted with the following amendments:

- The participants set \$200 as the minimum contribution of each institution
- The date for the day of prayer is: 24 June 2004
- The letters written in the name of the Council should be signed by all participants

INFORMATION ABOUT IMPROKA

L'IMPROKA now has 40 ton of paper. We are capable of good quality work at cheap prices attractive to NGOs. We can also serve well institutions of our Community. The problem is that the quantities needed for one institution do not permit the best price. Examples were given where unit prices. In other communities institutions place common orders or one buys more than needed and sells the left over

Recommendation : Standardization of the HMIS of the hospitals would permit to do bigger orders, that can be used by all institutions

PHARMACEUTICAL WAREHOUSE

SANRU had plans for three warehouses one each in Kimpese, Vanga and Tshikaji. The two first ones were organized, but Tshikaji was not done. The Pharmacist Alexis Mayambi explained the benefits of still trying to create one. The principle was accepted but the main recommendations were:

- There is a need for a detailed project laying out all the arguments and expected benefits
- From the very beginning a good management is necessary given the past experience

ISTM

It is possible an ISTM will be created at Tshikaji.

AIRPORTS

We are studying the possibility to have a plane. Those who have an airstrip should maintain it.

DRUG PROCUREMENT CENTER :

According to Larry, there are credits under the form of Kits for our institutions. The Project CURE demands that each Institution sends to the Medical Department a list of commonly used drugs and of supplies commonly used. These lists will be transmitted to Larry.

GENERAL ASSEMBLY

Rev BOPE stresses that the Medical Department should prepare a document to present the new vision to the General Assembly of the 31st CPC

CLOSING REMARKS

The Secretary General expressed his thanks to the Medical doctors and the Administrators that work for our church and encouraged them to persevere with their commitment and efforts. Still he regretted the negative behavior of some such as the one doctor from Mutoto.

The medical director of the Medical Department thanked all participants for their availability, their knowledge and skills and hard work. He encouraged all to work together, so that we can implement all the decisions taken for the expansion and improvement of the medico-social services of the church . We should mutually keep contact, through correspondence and visits. He declared the session closed except for a meditation and prayer.

The **meditation** was led by Rev Tshibemba and was based on **Judges 6 :13-16** “ Go with the might you have and deliver Israel...I hereby commission you” This order concerns also our Institutions, each one has what God gave them for the medical services of the church.

Started on 9 June 2004, de meeting finished on 11 June 2004 at 11h30 with a final prayer said by Reverend Tshibemba.

Annexe 1

Problems experienced by our institutions and the network of Medical Institutions as seen by the Medical Council:

1. Dilapidation of buildings and facilities
2. Inadequate buildings and equipment in the health centers,
3. lack of sources of light and potable water as well as sanitary facilities in most of the HC and many of the hospitals
4. Low utilization rates of ambulant services
5. Some populations in our zones have no access to PHC, because of distance and other obstacles
6. Lack or insufficiency of supplies for nursing and medical care
7. Lack of essential drugs for PHC and specific drugs for a General Reference Hospital
8. Lack or insufficiency of laboratory supplies, sometimes even equipment
9. Lack or insufficiency of qualified personnel, lack of balance between the number of staff giving care and the number of staff in the general support services
10. Low salaries for staff, not reaching a living wage
11. Lack of skills in management and planning
12. Insufficiency of office supplies and office equipment
13. Lack of libraries in our ITM and hospitals
14. Our staff too often does not witness effectively to Christ during reception and follow up of patients and their families
15. Insufficiency of logistic means and of communication (Phony, Email etc)
16. Difficulties in organizing effective referrals to the General Reference Hospital

VISION

Based on our Faith

Love

Our Christian faith affirms that God loves us. His first and greatest commandment is to love him at our turn with all our being and to love one another as much as we love ourselves (De 6 :4-6, Matthew 22 :37-39).

This commandment implies we are responsible towards God of what we do to ourselves and others. We have to protect all human life , not simply not harm others or ourselves but also offer the basic elements that nurture and help to construct a solid health (Isaiah 58, 6-10).

Global or Holistic Health

From the Christian perspective health is holistic (Isaiah 65, 19-24), integrating physical, mental and spiritual health. Health manifests itself in the quality of life, with peace and justice and not only through the absence of disease. This is also the definition of health adopted by WHO in 1948.

Equity

The kingdom of God which we are to prepare on earth includes equity. Equity seeks to give everyone access to the resources necessary to health. In the first place clean air, potable water, healthy and sufficient food and a family and social environment that respects our needs and rights (Proverbs 16 :24), as well as spiritual communion with people around us and with God.

Everywhere societies marginalize whole groups and social and cultural forces have been developed to resist equity. Examples of often marginalized groups are: children, women, sometimes the old in general, sometimes the elder women, almost always also certain social classes or economic levels, or tribal or clan groups.

The Christian community is called by the Lord to a double task: to combat inequity at least within the church community and if possible also in the society at large and assist the victims of inequity

The church as a community of believers has the most important health ministry. The church is called to foreshadow the kingdom of God and seek equity and peace, reinforce the optimal conditions for holistic health of each and everyone in the community and reach out to the rest of society through the cultural, political and social processes

The outreach will be particularly effective where the community of Christians engages society at in debates and value clarifications about the big health issues of

the moment ,such as violence, destruction or robbery of harvests, lack of a living wage, alcohol, tobacco, recreational drugs, human sexuality and sexually transmitted diseases, rights of women and children, solidarity between generations, prevention of traffic accidents, environmental pollution especially in the homes, the hygienic and nutritional habits The outreach to the general society also happens partially through our medical institutions, i.e. hospitals and HC and school health services. The health problems that come to their notice need to be treated in so far as possible, but also there should be an attempt at attacking the causes of the disease. Our institutions should not only be like combat battalions fighting diseases, but should be teams concerned primarily by people under their care, they should seek to go beyond treatment and cure to laying a more solid basis for health for each patient.

If this struggle is done in isolation going against the tendencies of society and without help from the community of Christians it becomes a noble but hopeless struggle.

The bridge between the action of the community of faithful and the medical institutions is community health. In community health the people in charge of health services et the community of faithful consult each other and share information,

- so that the discussions and actions of the community are based on reliable information and
- that the community also has access to technical resources
- and that the services can appeal to the community to give support in a meaningful way.

It is therefore imperative:

- that our services use the principles of global health, and community health as well as equity
- we need to raise awareness of the communities to go beyond individual health to community health to go beyond physical health to global health

Commitment of the CPC

The 31st Presbyterian Community is fully committed to the health ministry of the church and reaffirms its commitment to contribute to the improvement of health through it medical institutions and its congregations. Coordination of the Medical Services was created in 1969 by the GA. It is high time to revive this commitment. We have articulated the objectives, the strategies and the tasks for the Coordination of medico-social services

Objectives

General Objective: creation of the coordination of Presbyterian medico-social services as a support for the existing hospitals and centers and also for new initiatives that need to be undertaken.

Specific Objectives :

1. To encourage the institutions to apply the principles of global health and community health and organize the medical and social services as well as pastoral care in consequence
2. To raise the awareness of the church at all levels (GA, Synods, Presbyteries, parishes) and encourage discussion of global health and our individual and collective responsibilities in this matter.
3. Create CAC (Centres d'animation communautaires) at the level of parishes and train the polyvalent community volunteers and equip them to raise awareness about prevention of the most frequent diseases
4. Plead the cause of marginalized or vulnerable groups with national authorities and donors.

2. STRATEGIES

1. Technical Assistance
2. Administrative Assistance
3. Yearly review and Medical Council
4. Training –academic training (nurses, doctors, administrators and technical personnel)
-continuing education through workshops, practice
5. Technical Support of the structures of the church
6. Creation of a website and use of mass media
7. studies on the dangers of marginalisation and encouragement of corrective measures

TASKS OF THE COORDINATION MEDICO-SOCIAL SERVICES

SPECIFIC OBJECTIVE 1:

1. To encourage the institutions to apply the principles of global health and community health and organize the medical and social services as well as pastoral care in consequence

Tasks:

- visit to institutions twice a year
- participate in Council of Administration once a year
- Organize Medical Council and yearly review
- arrange availability of specialists to support the clinical activities

- make technical support available to collect, organize and analyze data
- facilitate communication with PCUSA and other donors

SPECIFIC OBJECTIVE 2

To raise the awareness of the church at all levels (GA, Synods, Presbyteries, parishes) and encourage discussion of global health and our individual and collective responsibilities in this matter.

- Tasks:**
- to develop or acquire appropriate didactic material
 - adoption or development of key activities of community health
 - development of key messages for behavioral change and spreading these messages in the Synods, presbyteries, medical institutions and media
 - technical support for evaluation and quality control

SPECIFIC OBJECTIVE 3

. Create CAC (Centres d'animation communautaires) at the level of parishes and train the polyvalent community volunteers and equip them to raise awareness about prevention of the most frequent diseases

- Tasks:**
- make lecturers and literature available to parishes and special groups
 - Develop didactic material and train teachers for teaching in the schools -
 - Use mass media in support of these activities
 - Facilitate communication with the PCUSA and other donors in Congo

SPECIFIC OBJECTIVE 4

. Plead the cause of marginalized or vulnerable groups with national authorities and donors.

- Tasks:**
- document the problems of marginalized, and in parishes that are so --
 - -motivated demonstrate possible corrective actions
 - Facilitate communication with the PCUSA and other donors in Congo