World Council of Churches
Christian Medical Commission

Guide to the microfilm collection

BRILL
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World Council of Churches  
Christian Medical Commission  

June 1968: in Geneva, a little group of people gathers, called together by the World Council of Churches (WCC). The Christian Medical Commission (CMC), under its first director, James McGilvray, has been charged with the responsibility to promote the coordination of national church-related medical programmes, and to engage in study and research into the most appropriate ways in which the churches might express their concern for total health care. The young CMC was born out of a long history of Christian involvement in health care. For over a hundred years, medical work had provided one of the main focuses for Christian missionary work, the others being education and church planting. As a result, there were more than 1,200 Christian hospitals in the world relating to member churches of WCC alone.

The first consultation – taking place in 1963 at DIFÄM (German Institute for Medical Mission) – came to be known as Tübingen I. Having reached the conclusion that health care was more than mission hospitals, it set in motion a process aimed at establishing what, in a post-colonialist world, the role of “medical mission” might be. The report that emerged from this meeting was called The Healing Church (WCC 1965). From the regional consultations that followed the first Tübingen meeting, and from the surveys commissioned by WCC and LWF in 1963, came the evidence that set the agenda for the second Tübingen meeting in 1967, and ultimately for the CMC itself.

The first meeting of the CMC took place, in Geneva, in September 1968. CMC had an initial five year mandate. In effect, it was to be both prophet and broker. It had first to identify and communicate the vision, and then to enable it to happen. Its tasks were:

a) to help the churches in their search for a Christian understanding of health and healing
b) to promote innovative approaches to health care
c) to encourage church-related health care programmes to collaborate with each other.

Nine main priority areas were identified:
- Comprehensive health care
- Community organization
- Cooperation with governments and other agencies
- Inter-church coordination and cooperation
- Planning mechanisms appropriately structured in regional and local organizations
- Re-orientation of personnel
- Need for administrative reorganization
- Data systems
- Facing the problems of population dynamics.

On 22 March 1974, Dr. Halfdan Mahler, Director-General of the World health Organization (WHO), called together senior staff for a joint meeting with all five senior staff of the CMC. As a result of this meeting, a joint committee was set up to explore the possibilities of collaboration and cooperation in "matters of mutual concerns". In spite of the disparity in size, the relationship between the two organizations turned out to be exceptionally fruitful. The most significant result of the CMC/WHO relationship was the formulation by WHO, in 1975, of the principles of primary health care. This marked a radical shift in WHO priorities, with massive implications for health care systems everywhere.
The challenge of HIV/AIDS

In the thirty years of CMC's life, no health issue has received so much public attention as the challenge of HIV/AIDS. For the churches, it has involved soul-searching. Their pastoral calling to minister to the sick and marginalized has drawn many Christian institutions to care for people living with AIDS; but the connections between AIDS and sexuality, and AIDS and paternalistic structures have made it very difficult for churches to face up to the implications of HIV transmission not just for Christians but for the churches themselves. The challenge to the churches was to re-examine the conditions which promoted the pandemic, and to become more conscious of the human implications of broken relationships and unjust structures, and of their own complacency and complicity.

In 1994, the WCC Central Committee meeting in Johannesburg, South Africa mandated the formation of a consultative group to conduct a study on HIV/AIDS. The aim would be to help the ecumenical movement to shape its response in four areas: theology; ethics; pastoral care and the church as a healing community; and, justice and human rights. This consultative process was a major programme of WCC as a whole. While it was coordinated by CMC-Churches’ Action for Health, the participants were drawn from different interest groups within the Council's life. In addition, CMC itself sponsored innovative pieces of work, and held regional meetings in Asia, Latin America, the USA, and Africa and Europe. It also supported the setting up of ICAN, the International Christian AIDS Network. In Africa, encouraged by CMC, the Tanzanian, Ugandan and Zaïrian Protestant medical agencies set up an experimental Participatory Action Research (PAR) programme. This turned out to be a crucial plank of the AIDS work they supported.

When the WCC set up a CMC, back in 1968, the Commission formed part of the work of Mission and Evangelism. Following the Nairobi Assembly, in 1975, it became part of the Unit on Justice and Service. In 1992, there was a further re-organization and CMC moved back into Unit II, Churches in Mission, Health, Education and Witness: a move which partially reflected the trust of its work during the 1980s, since the Health, Healing and Wholeness study was so closely identified with the core-life of churches and congregations themselves. CMC is now called Health and healing.

From Contact, no 161-162, June-July and August-September 1998

Sections

The archives of the ecumenical movement are housed in the WCC’s Library & Archives, in Geneva. They are divided into many different sections, reflecting the various bodies that were active in the ecumenical scene during the 20th century.

The records of the International Missionary Council, the Programme to Combat Racism and the Dialogue with People of Living Faith – all previously published on microform by IDC Publishers – are examples of such sections.

The present collection makes available on microform another section of the ecumenical archives, dealing with the Christian Medical Commission in the period 1962-1999. The documents in the archives consist of correspondence, minutes, personal notes, press cuttings, publications, reports and speeches. Records are divided into eight sections:

0. History of the CMC
1. Meetings, workshops and reports
2. Programmes and projects: AIDS, Pharmaceutical programmes, CMC programmes
3. Country files
4. Travel reports

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5. Collaborations: coordinating agencies, other organisations
6. Staff and Finances
7. Publications and film production

**Scholarly relevance**

The Christian Medical Commission archives are of great interest and are frequently consulted by researchers working on the history of the ecumenical movement. The different sections contain, among others, correspondence with the World Health Organization (WHO), the League of the Red Cross, the World Bank, and Christian Medical Associations. It also contains correspondence and speeches from Nita Barrow, Stuart Kingma, Eric Ram, James McGilvray, and Nicole Fischer.
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<tr>
<td>4215.5.2</td>
<td>Coordinating agencies (from CHAK to CHASL)</td>
<td>1979-1998</td>
<td>Box</td>
<td>1. CHAK (Catholic Hospital Association of India); 2. CHAL (Christian Health Association of Liberia); 3. CHAM (Christian Health Association of Malawi); 4-5. CHAN (Christian Health Association of Nigeria); 6. CHASL (Christian Health Association of Sierra Leone)</td>
<td>reel 67 (frame 543) - reel 68 (frame 358)</td>
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<td>4215.5.3</td>
<td>Coordinating agencies (from CHASL to CMAI)</td>
<td>1979-1988</td>
<td>Box</td>
<td>1-2. CHASL (Christian Health Association of Sierra Leone); 3. CHASL-Pharm (Christian Health Association of Sierra Leone); 4. CHAP (Christian Hospital Association of Pakistan); 5. CICA (Conselho de Igrejas Cristas em Angola); 7-6. CMAI (Christian Medical Association of India)</td>
<td>reel 68 (frame 359) - reel 69 (frame 349)</td>
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<tr>
<td>4215.5.4</td>
<td>Coordinating agencies (from CMAI to CMAZ)</td>
<td>1979-1998</td>
<td>Box</td>
<td>1-3. CMAI (Christian Medical Association of India); 5-4. CMAZ (Churches Medical Association of Zambia)</td>
<td>reel 69 (frame 350) - reel 70 (frame 273)</td>
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<td>4215.5.5</td>
<td>Coordinating agencies (from CMBT to FEMEC)</td>
<td>1972-1997</td>
<td>Box</td>
<td>1. CMBT (Christian Medical Board of Tanzania); 2. Christian Medical College and Hospital, Vellore; 3-4. Churches’ Medical Council Papua New Guinea; 5. Christian Council in Namibia; 6. ECZ (Eglise du Christ au Zaïre); 7. FEMEC (Fédération des Eglises et Missions Evangéliques du Cameroun)</td>
<td>reel 70 (frame 274) - reel 71 (frame 173)</td>
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<td>4215.5.6</td>
<td>Coordinating agencies (from IAMANEH to)</td>
<td>1977-1998</td>
<td>Box</td>
<td>1. IAMANEH (International Association for Maternal and Neonatal Health); 2-3. ICAMHS (Indonesian Christian Association for Health Services); 4. IPSC (Institut panafricain de santé communautaire); 5. Kenya Catholic</td>
<td>reel 71 (frame 174) - reel 71 (frame 1065)</td>
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<td>4215.5.7</td>
<td>Coordinating agencies (from UPMB to ZACH)</td>
<td>1982-1998</td>
<td>Box</td>
<td>1. UPMB (Uganda Protestant Medical Bureau); 2-4. VHAI (Voluntary Health Association of India); 5-6. ZACH (Zimbabwe Association of Church-related Hospitals); 7. Questionnaire to coordinating agencies</td>
<td>reel 72 (frame 1) -</td>
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<td>reel 73 (frame 66)</td>
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<td>4215.5.8</td>
<td>Regional Ecumenical Organisations (from AACC to PCC)</td>
<td>1969-1998</td>
<td>Box</td>
<td>1. AACC (All Africa Conference of Churches); 2-3. CCA (Christian Conference of Asia); 4. CCC (Caribbean Conference of Churches); 5. CEC (Conference of European Churches); 6. CLAI (Consejo Latinoamericano de Iglesias); 7. MECC (Middle East Council of Churches); 8. PCC (Pacific Conference of Churches)</td>
<td>reel 73 (frame 67) -</td>
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<td>reel 74 (frame 847)</td>
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<td>reel 75 (frame 625)</td>
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<td>4215.5.11</td>
<td>Other organisations</td>
<td>1969-1998</td>
<td>Box</td>
<td>1-4. Institut Panafriçain de santé communautaire; 5. ICCO; 6. IDT; 7. League of Red Cross; 8. MAP International; 9. MISEREOR; 10. Missions boards; 11-12. NGO Primary Health Care</td>
<td>reel 75 (frame 626) -</td>
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<td>reel 76 (frame 802)</td>
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<td>4215.5.12</td>
<td>Other organisations</td>
<td>1972-1998</td>
<td>Box</td>
<td>1-3. NGO Primary Health Care; 4. Kenya : NGO Project; 5. Presbyterian Church of the USA; 6. Reformed Church in America; 7-8. Roman Catholic Church</td>
<td>reel 76 (frame 803) -</td>
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<td>reel 77 (frame 842)</td>
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<td>4215.5.13</td>
<td>Other</td>
<td>1965-1980</td>
<td>Box</td>
<td>1-7. Roman Catholic Church</td>
<td>reel 77 (frame 843)</td>
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<td>4215.5.15</td>
<td>Other organisations</td>
<td>1973-1996</td>
<td>Box</td>
<td>1-21. World Health Organization (WHO); 22. World Vision International</td>
<td>reel 79 (frame 798) - reel 80 (frame 566)</td>
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<td>4215.7.2</td>
<td>Film production</td>
<td>1976-1980</td>
<td>Box</td>
<td>1. Collaboration on films production; 2-7. Seeds of health</td>
<td>reel 83 (frame 1) - reel 83 (frame 442)</td>
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