

WHOLISTIC HEALTH CARE

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Wholistic health care (WHC) – it sounds like a fad. In fact, anyone writing about the subject runs the risk of attack by anti-New Age crusaders, some of whom cannot distinguish between the Reformed and the New Age approach. To such, as long as you are advocating WHC, you have obviously fallen prey to New Age. This can happen even in publications that pride themselves for being champions of the Reformed tradition. That, at least, has been my recent experience. Clearly, there is need for careful delineation.

One of the traditional strengths of the Reformed tradition has been to resist the lure of fads. That being the case, what motivates me, a self-conscious ??? Reformed missiologist, to take on this subject? Actually, there is a whole arsenal of reasons. The first of those reasons is, of course, that the Reformed tradition, in so far as it has not fallen for Scholasticism, Pietism, Liberalism or Evangelicalism, *is* deeply wholistic in its approach to life in general.

During my early days as a missionary serving the Christian Reformed Church of Nigeria in the mid 1960s, I was frequently perplexed. Why would so many Christians, after they had been released from nearby Christian hospitals, resort to the services of traditional soothsayers to find out what had really gone wrong with them? Had not the staffs of these Christian hospitals found the cause and healed their sickness? Was that not the end of the case?

I decided to investigate the matter. I visited the church's hospital frequently and engaged both Nigerian and missionary staff in conversations. The missionaries were mostly North Americans sponsored by the Christian Reformed Church in North America. I observed procedures in the wards and concluded that the treatment patients received was extremely one-sided. The physical aspect of sickness was stressed to the almost total exclusion of other dimensions of health and sickness.

Most people, including Christians, in societies that have not been "over-technologized" and "over-rationalized," have many questions in their hearts when they become sick. They wonder

why they have become sick. **Who** is the cause of it and **how** was it accomplished? Has an ancestor been offended in some way? If so, how can reconciliation be effected to ensure future well-being? Might an enemy be practicing witchcraft? If so, how can this be overcome? These and similar questions are very important to the patient but virtually ignored in most mission hospitals.

Most missionaries on the staff were hardly aware of these questions. Their medical training was almost exclusively concentrated on sick bodies. They were taught a wealth of technical detail and procedures to restore any malfunctioning part of the physical machine called the human body. That they were often more efficient than traditional medicine men is without a doubt. Furthermore, their work was done in love, concern, much prayer and often at great personal sacrifice.

The Nigerian staff have been taught the same basic approach to healing and thus to ignore the fears and questions of the patients. That does not mean that the Nigerian staff have forgotten these concerns. In fact, many of them, when they become sick, have the same questions and fears and they too are likely to resort to a traditional healer. However, in their official hospital practice, they pretend these concerns are of no consequence in the work of healing. It seems so primitive, pagan or uneducated to take these issues seriously in a modern Christian hospital.

And so it happens that the patient is dismissed with none of his fears and questions cared for, except that an ill-trained chaplain might address them. The work of such a chaplain, however, is usually carried out in total isolation from that of the medical team. The spiritual needs of the patient are not considered relevant for the medical people; they are the province of the pastor.

In this setting, the patient has little choice but to revert to the Traditional Religion. The Christians at the hospital have no answer to the deepest problems as identified by the patients themselves. The patient may be grateful that the white man's biomedicine is able to overcome the physical symptoms of his sickness, but the real basic problem is not addressed. That basic problem has to find its solution elsewhere. Christians seem to have no resources to overcome the powers of witchcraft or the wrath of angry ancestors. The resources for the solution to those problems are to be found in the Traditional Religion and its related healing practices.

As I discussed such questions with missionary doctors, their response was usually one or both of the following two. First, they complained that their training did not include such concerns. That, of course, is very true indeed, as I have shown elsewhere. Secondly, it was argued that treating sickness at the level of such problems would take much more time than medical doctors have available. The daily crowds are simply unimaginable to the outsider. The medical people find themselves trapped in a vicious cycle that demands efficiency and speed. Harsh economics adds further pressure to the situation. The salaries of Nigerian staff – those of

missionaries came from abroad – are so high, not to speak of the high cost of medical technology and drugs, that the only way to survive was to whip as many patients through as possible. It was not so much a desire for money and profit as a tactic to continue the hospital's services.

I am the last to minimize the pressures on these Christian hospitals and their staff. Neither do I wish to be guilty of disparaging the tremendous contributions biomedicine has made to the general level of health. Biomedicine and its surgical procedures are among the outstanding gifts of God to the human race. *Healing by medical means is no less from God than healing by prayer or by laying on of hands.* However, our deep appreciation for biomedicine should not blind us to its profound shortcomings. These include, among others, its almost exclusive emphasis on the physical, its virtually total unconcern for the fears and questions of most patients in Nigeria and other southern countries or for other relevant aspects of human life that influence health and sickness.

It was the problems caused by biomedicine's uni-dimensional approach to healing that led the Christian Health Association of Nigeria (CHAN) back in the early 1980s to search for a more appropriate vision and framework for health care. At a workshop on WHC a tentative definition was forged and a report presented that marks the beginning of CHAN's struggle to develop an alternative in which biomedicine would have a legitimate place but not be regarded as the all in all in healing. It would merely be one of several components of a full-orbed health care plan. That report recognizes certain obstacles to such development. One obstacle is lack of time, something already alluded to, as well as the lack of training institutions for WHC. Other obstacles include ignorance of the African worldview, lack of Biblical vision and lack of sensitivity to the spiritual. "We have become captive," the report complained, "to a secular medical care system that discourages a wholistic approach."

These are important issues, for much of the Christian biomedical care is only partially effective in Nigeria and similar places. Since biomedicine, especially in Nigeria, deals only with the physical dimension and tends to ignore the underlying causes for many physical illnesses as well as the deepest concern and anxieties of the patients, the healing process is less efficient than one might expect from an allegedly scientific approach. A patient is given some medicine for his ulcer. The medicine may provide temporary relief, but it will hardly take care of the *basic* problem, since ulcers often have a non-physical cause. The patient returns to the same hospital once or twice. He will then conclude that his problem cannot be dealt with by biomedicine and he begins to wander off to native medicine men or to some "healing church." What choice does the patient have? Biomedics waste his time, his body, his strength and, not unimportant, his money. Ignoring the basic cause prolongs suffering and increases economic hardship.

The situation described calls into question even the scientific nature of biomedicine. How can an approach that ignores basic causes and other dimensions of life claim to be scientific, except perhaps in the most narrow interpretation of the word? And it certainly is not geared to bringing peace to troubled souls.

SELECT ISSUES IN WHC

1. Secularity of WHC

Elsewhere I have argued that the development of modern science in general and of biomedicine in particular is directly a result of the Christian faith of its early pioneers. *It did not develop in spite of the Christian faith but because of it.* It will not do, therefore, for us to belittle biomedical technology as non-Christian or secular, as if it had nothing to do with God. This statement stands, in spite of the fact that for many it has been secularized in the sense that they have divorced it from the God who inspired it and from the faith that motivated it. The false dichotomies and spurious contradictions later generations have posited between science and religion are largely the result of non-Christian components in the Western worldview to which many individual Christians and even entire denominations succumbed without realizing it.

In the same sources above I have also demonstrated that science and faith can never be separated, for science itself is an intensely religious activity, driven as it is by assumptions, ideology and articles of faith that cannot themselves be proven. The same is true for biomedical science. Its formation too was driven by faith, as Professor John R. Kriel of South Africa has so succinctly shown us.¹

Biomedicine from the start was built on certain philosophical assumptions of which its early pioneers were very conscious and upon which they depended. As the centuries passed by, we have continued building on basis of these assumptions, though most of us lost our awareness of them. We became so used to these assumptions and of the methods of biomedicine that we came to regard them as “natural,” as “common sense.” To argue against something so successful came to be regarded as folly.

Those familiar with some of my books as well as those of Bennie van der Walt will know that both of us often go back to the Greek *dualism* that has entered Christian thought and that is the root cause of many problems in the church of today in the West as well as in Africa via Western

¹ John R. Kriel, *Removing Medicine's Cartesian Mask: The Problem of Humanising Medical Education*. Potchefstroom: Institute for Reformational Studies, May, 1988. At the time, Prof. Kriel was at the University of Witwatersrand, Medical School, Parktown, South Africa. This paper was delivered at a conference of the Christian Medical Fellowship in 1986.

missionaries. In short, this dualism splits human beings into two distinctly identifiable entities, namely spiritual and physical parts, a body and a soul. It is said to be possible to deal with the one in isolation from the other, to treat the body without touching the soul or vice versa.

In keeping with this general scheme, French philosopher Rene Descartes (1596-1650) taught that man consists of mind and body, which are essentially separate entities. In addition to this kind of dualism, he held a *mechanistic* view of mankind. The human body, according to Descartes, is a machine – a mechanism – that can be understood completely in terms of the arrangement and functioning of its parts.

As Kriel tells the story, Descartes' philosophy was the foundation of biomedicine. He took the human body out of the sphere of the "holy" where it could not be investigated and put it in the sphere of common "things" that could be scientifically investigated and technologically treated. He took the mystery out of the human body. It was this philosophy that undergirded Harvey's² explanation of the purely mechanical function of the heart. Without Descartes' teaching, it would be difficult to imagine Harvey's.

This philosophical stance defines the limits of the investigation of the body and of health and sickness. Such research, to be acceptable to the scientific mind, must take place within that philosophy and view the body as a machine that is distinct from the mind. All other views and phenomena that do not fit into the scientific framework are thus excluded from professional consideration by medical practitioners. In line with this philosophy, illness has come to be equated with malfunctioning of the human machine. Biomedicine takes into consideration only a few factors that go into health or sickness and largely ignores spiritual, social, psychological and environmental aspects of human life.

Though our patients may not be aware of these philosophical underpinnings, a strong groundswell of dissatisfaction with the resulting kind of reductionist health care is developing in Africa. The rise of thousands of healing churches throughout Africa can only be understood in the context of these biomedical developments. People are looking for more, for a deeper approach to health care that takes the patient's questions and worldview seriously, and one that takes the role of all the other aspects of life into consideration. In short, they are looking for a more wholistic approach.

² **William Harvey** (1 April 1578 – 3 June 1657) was an English [physician](#) who made seminal contributions in [anatomy](#) and [physiology](#). He was the first known to describe completely and in detail the [systemic circulation](#) and properties of [blood](#) being pumped to the brain and body by the [heart](#). Source: Wikipedia.

2. The Whole Person

Probably the major shortcoming of biomedicine is its almost exclusive concentration on the physical aspect. While it is well known that physical sickness frequently has a non-physical base or may be complicated by non-physical factors, when a sick person enters most of our hospitals, especially in Nigeria, the prescribed treatment usually assumes the problem to be basically physical. Seldom is any practical consideration given to other factors. Its practitioners have been trained more as bio-technicians, as mechanics of the human machine, than as genuine healers, according to a Yale University surgeon. All the other dimensions of human life that have an effect on health or sickness are largely ignored.

Humans are complicated beings. They are both individual and social. They also have a politico-economic dimension. They are affected by the ecological system as much as they manipulate it. An effective and viable health care system needs to consider all of these dimensions of human life, including the *cause* of sickness. All of these aspects go into a wholistic view of a person. A wholistic health care programme takes into consideration all of these dimensions, the symptomatic as well as the basic.

3. Chaplaincy and Evangelism

Of course, there is also the *spiritual* dimension. Many, when they talk of WHC want to add a spiritual dimension to health care but leave the biomedical intact. They seek to simply *add* a dimension. They think thus to have created a wholistic approach.

Such a perspective often results in the addition of a chaplain to the staff who is assigned the spiritual dimension, often including prayer, some counseling and, more often than not, evangelism. Of course, these elements are legitimate not only but even imperative in a Christian approach.

This approach is indeed an improvement over the strictly biomedical approach. But, instead of now having created a wholistic method, we now wind up with a *dualistic* system. Two dimensions are more and better than one, but in the case of health care, two dimensions still fall far short of the whole.

An additional problem with this dualistic approach is that it is not integrated. The physical dimension is cared for by the biomedical; the spiritual is the province of the chaplain. The two hardly ever meet. It is a two-track system, not a wholistic integrated approach.

Note well that, even though I am critical of this dualistic approach, I am not denying the need for the spiritual, for prayer or counseling, not even for evangelism. True, this dualistic approach sometimes leads to a coarse kind of evangelism that is often berated as exploiting the vulnerability of the sick. A rejection of this coarse approach should not lead to a rejection of all forms of evangelism. Any approach worthy of the name Christian includes the recognition that true and ultimate wholeness or health require knowledge of Him whom we know as the great Healer and who came for that very purpose. If the basic cause and ingredient of sickness is disharmony in one form or another, a Christian approach cannot and should not avoid reference to the One given by God to restore harmony. How that is done will depend on the theology of the proprietor, but without this ingredient we are missing a basic key to full restoration and wholeness.

4. A Multi-Dimensional Approach

I have expressed dissatisfaction with both the one-dimensional approach of biomedicine and the dualistic approach that would simply add a spiritual layer to the former. At one stage in the CHAN development of WHC an attempt was made at a “Trinitarian” definition of wholism, one that would include the physical, emotional and spiritual. Such an approach was also found wanting, for it still ignores several important aspects of human life.

All human beings are involved in a multi-faceted network of relationships with God, with oneself, with one’s community and with the environment. All of these relationships can and do influence one’s sickness or health. So do our lifestyle, our economic condition, the political climate and a host of other affairs. Fear can cause ulcers; tension can create high blood pressure; hatred can bring headaches; irresponsibility can result in environmental havoc which, in turn, can be the source of many physical ailments. Drinking alcohol can bring intoxication which has produced all kinds of miseries – individual and social, physical and spiritual. Politics on behalf of vested interests can impoverish entire nations and peoples. It can reduce them to despair and cast them into a mode of internal struggles. Today’s Nigeria is a classic example.

I am tempted to adduce many quotations in support of this multi-dimensional perspective. I will restrict myself to one author, Jerome D. Frank of the John Hopkins University at the time he wrote the following. Though impressed with the great accomplishments of biomedicine, Frank asserts that

In one vital respect it will *always* remain insufficient. It does not take into account the powerful influence of meanings derived from the interplay of the individual with his family and his culture on his bodily states. Illness always implies certain meanings. It is never merely bodily pathology, but has implications for the patient’s view of himself and for society’s view of him. Illness may

create noxious emotions, raise moral issues, disturb the patient's image of himself, and estrange him from his compatriots. Barred from the front door, these intangibles sneak in at the back, and, unless the physician takes them into account, he will often fail. The widespread popularity of non-medical and religious healers ... attests the fact that the physician must be more than a skilled technician if he is to help many of his patients.

He continues, "To rehabilitate him, the physician must not only treat his body but inspire his hopes, mobilize his environment on his behalf, and actively help him to resume a useful place in society. Sometimes this task includes helping the patient to achieve a philosophy of life" (Quoted in Boer, 1988, p. 15).

Because of the very close interrelationships of all areas of human life with our physical well-being, it is most surprising that the biomedical community has for so long been satisfied with an almost exclusive emphasis on the physical, especially where there is at least a theoretical awareness of these relationships. And it is even more surprising with respect to biomedicine in Africa when you remember that in African Traditional medicine there has always been a strong awareness of these relationships. And I always wonder why the best theological insights of the wholistic Reformed tradition have not been carried over into Reformed missiology and missions. This is true not only for the medical field but in its missiology and missions in general. In fact, this is a point of deep pain and puzzlement for me ever since I entered the worlds of missiology and missions.

5. WHC and Other Healing Traditions

Biomedical technology has usually been enveloped by an aura of pride and smugness. Given the tremendous feats performed in its name, one can understand how such an attitude might have developed. However, there are various factors that should encourage us towards a greater openness to other healing traditions.

One of these factors is the doctrine of *General Revelation*. The Bible teaches that God reveals Himself to all people, not merely to some. True, the Christian community, having the Bible and knowing some crucial things about God revealed through Christ, has an important edge on other communities. We know some things that others either do not know or have rejected. But *all* people have access to some truth about God and His creation. This is not truth at the level Christians enjoy. It is a degree of factual truth that is warped because it is understood and functions in the context of a false framework. However, as far as it goes, it represents a genuine truth or insight that must be recognized as having genuine value.

The Reformed have never rejected the validity of knowledge derived from nature, experience, research or history. Whether a car is designed by Christians or non-Christians makes no difference to us. Whether the effectiveness of an herb or chemical is discovered by a Christian scientist, a Japanese Shintoist or an African Traditional healer is basically immaterial to us. We accept the medicine regardless of the inventor.

The *Cultural Mandate* is another doctrine encouraging openness to the achievements of others. Science and technology are a major way in which we carry out this assignment. This assignment is so embedded in our human nature that even the fall could not erase, though it is often carried out in an attitude of pride and human autonomy. The fallen line of Cain in Genesis 4 developed cities, tents, musical instruments, bronze and iron instruments. Their contributions have been gratefully used by subsequent generations. None of us reject these developments as evil, even though they were developed by disobedient and proud generations.

Modern science and technology received its greatest impetus from the Christian faith that liberated people from the shackles of traditions that prevented research and from contempt for the material creation. However, developments took place in other cultures as well. These developments are always the response of the various societies to the created urge within us to develop and to rule the world. In many cases this urge was dulled because of local worldviews that were hostile to such developments, slowed them down and even stopped them dead in their tracks. Today, this modern science and technology are the common property of all cultures, even those who are totally oblivious or hostile to the worldview that produced it initially. Japanese technology is appreciated by all cultures. The Reformed do not reject a pill produced by the Japanese. We are open to them.

A most important consideration here is that of *cultural distortion*. The amazing and almost infinite variety that God has embedded in creation is almost too much for man to absorb. Every culture latches on to certain aspects of that creation and develops it, while others are ignored and thus left undeveloped by that culture. Every culture tends towards one-sidedness and thus distortion.

Western Christianity has its share of distortions. It has made great contributions to the world by means of its science and technology. On the other hand, it is very difficult for the average Western Christian to accept an open universe in which God is free to act as He sees fit, free enough to perform miracles today through His people. Rationalism and scientism have left such deep marks on the Western Christian that she is partially blinded by them to the extent that it amounts to a distortion. It is a typical case of incomplete appropriation of the full truth of God.

Africa, on the other hand, has placed such one-sided emphasis on the unseen powers in the universe that it traditionally is weak in science and technology. However, it is rich in music and

in their traditional concepts of human relations, while its views on property are much closer to those we find in the Bible than is the case with Western ideas of property. Furthermore, the relationship between religion and culture is seen or, better, experienced, much more holistically in Black Africa than in the West. While the African healer may be weak in certain types of research and is not always knowledgeable about negative side effects of his medicines, he is strong in utilizing the insights of African Traditional Religion and Psychology.

The upshot of this universal tendency to distort is that every culture, African as well as Western, can learn from every other culture. Every culture has its weak points where it can learn from cultures that are strong in the weak point under consideration. Often cultures have emphasized opposing extremes. The Dooyeweerdian refrain of “nature and grace” is well known. Bennie van der Walt does not tire of his emphasis on African communalism vs Western individualism. Both sets of terms represent distortions; both represent wrong extremes and therefore false alternatives. Both can learn from each other, complement each other, correct each other. Every culture has its contributions to make to the full-orbed truth of God’s creation.

This is even true of religions. The Christian religion may have the full-orbed truth available to it via the three forms of divine revelation, but its adherents do not absorb its truth without mixing it with negative aspects of their cultures. The Reformed community is only too well aware of the influence of Pagan Greek culture on the church. That influence prevents it from appropriating the full truth of God. The same is true for Christians in other cultures, including African. Therefore, Christians in one culture can be corrected by Christians from another culture that may have the antidote to a weakness in the first. That is the beauty of ecumenical dialogue. For the same reason, Christians can learn from the insights of other religions who may have emphasized part of a truth that Christians have downplayed due to the impact of their culture. I find such interreligious dialogue especially challenging and refreshing.

The same phenomenon can and should aid us in our efforts to develop a full-orbed wholistic approach to healing. No one healing tradition has an exclusive corner on the truth. Each can contribute to and learn from other traditions. There is no excuse for the blind pride of so many practitioners of biomedicine, for theirs, too, is a distorted practice based on a distorted worldview.

The perspective I am outlining has nothing to do with relativism or universalism. It has to do with the extent and nature of revelation, with the inherent urge within us to develop creation and with the invariable distortions with which we all live. For a Christian to accuse advocates of wholistic healing of being unduly influenced by New Age or by Oriental religions is to betray a serious lack of awareness of all these factors not only, but also to raise the question whether such accusations themselves are not based on non-Christian, possibly Pagan Greek, influences. Other religions or worldviews can have a stimulating and corrective effect on our appropriation

of God's full truth where that appropriation is negatively influenced by local cultural distortions. It is a bad judgement call when an insight that has come to us via Hinduism or New Age or African Traditional Religion or Western Humanism is rejected simply because of the way it came to us. Western Christians who so wave such insights away with an impatient hand are often themselves unaware how their very rejection may be influenced by various aspects of Western non-Christian elements.

Then there is the question of the *scientific nature of biomedicine and its effectiveness*. Is biomedicine really scientific in the true sense of the word? The question may shock you. When it is known that a person is more than a conglomeration of isolated bodily parts, can we consider an approach that ignores that basic insight scientific? When it is known that one's spiritual condition has profound effect on his physical makeup, can we pretend that the spiritual is not important and still be scientifically responsible? Should a doctor who disregards the profound influence of social relations be allowed to practice?

Apart from these questions, all readers of this essay in Sub-Saharan Africa know of patients who could not be helped in a Christian bio-hospital but who received healing at the hands of those whose practice we officially deny or despise? Do not many of us resort to so-called "Black Man's medicine?" I know of a Nigerian Christian who can cure a scorpion sting in moments. That skill should be available to every community, including every bio-hospital. I have been involved in several cases that were successfully concluded in the compound of a traditional healer after all efforts by biomedical Christian hospitals failed miserably.

Finally there is the issue of "*faith*" vs "*medical*" healing. It seems as if we have two issues here that are pitted against each other. Whether healing comes directly from God or via human instruments, God is the healer in either case. The technology of biomedicine is also His gift to us. We must appreciate biomedicine in that light, though we must reject its proud pretensions.

All forms of healing are based on faith. Without faith on the part of the patient, biomedics are not likely to be effective in many cases anymore than are so-called faith healers. All healing is faith healing. It does not even have to be Christian faith. It may be faith in biomedicine as placebos have taught us. I personally affirm an open universe run by God the Creator and Preserver. Usually He heals by following the laws He Himself embedded in His creation. Sometimes He takes the liberty to heal by bypassing or suspending His normal way of operating. Any wholistic approach that could be dubbed Christian or Reformed must free itself from the unnecessary shackles of biomedicine and affirm God's freedom in the healing business. It is neither acceptable nor wholistic to relegate direct divine healing to the catacombs of history.

6. Ecumenical Scope of These Concerns

It was my own pastoral experiences that initially forced me to think about WHC. However, my explorations soon led to the discovery that a wide variety of Christian organizations, both denominational as well as ecumenical, have been occupied with similar concerns. Over the past three decades, conferences have been devoted to the subject, reports published and institutes established with the express purpose of exploring WHC. The International Association of Mission Studies listed no fewer than eleven such conferences. The Christian Medical Commission of the World Council of Churches organized ten conferences. Clearly, the topic is of wide concern and not limited to local situations. But I do wonder why the Reformed community has such a low profile in this area of concern and why it fell so easily and almost exclusively for the biomedical model. This is a question for all involved in Reformed missions to ponder, including members of the supporting constituencies.

7. Definition

After this long story, the question has not yet been answered: What is WHC as we envisioned it in the context of CHAN? Our definition continued to evolve over more than a decade. Herewith I present you with the latest version. It is an attempt at a *wholistic* definition, one that takes all the major relevant sectors of health and sickness into consideration. Though in earlier sections of this paper I have referred to certain components of this definition, others have not received attention. It is only because of space restriction that I leave it at this. Further discussion of it can be found in a book I co-edited with Dennis A. Ityavyar, *Wholistic Health Care: Medical and Religious Dimensions*.

Here then is the definition for which you have been waiting. WHC is a form of healthcare that:

1. is based on firm theological, historical and sociological foundations.
2. identifies the root cause of a specific problem and seeks to attack it at that level, wherever that may take us.
3. recognizes the patient as the agent with the primary responsibility for her own health and healing at all stages.
4. involves the entire Body of Christ in mutual care giving.
5. is prepared to utilize the proven resources that various cultures, religions and healing traditions have to offer.

6. gratefully accepts biomedicine as a gift from God but recognizes it as only one component among several and denies it its present pride of place.
7. makes grateful use of the church's established gifts of healing by prayer, counseling and biomedicine.
8. makes governments and politicians aware of the health dimensions of all political decisions.

NOTE: It is of interest that, after the World Council of Churches held an international series of health seminars, including one in Africa, they concluded that the greatest cause of sickness in the world is *bad politics*! Nigeria can serve here as a great and sad example of this observation. If that is indeed the case, then politics is the realm where more should and could be done for health care than anywhere else. That would be the area where the most significant health decisions are made and that would be where we should pay major health attention and concentrate our major healing efforts. Food for thought indeed!

8. Conclusion

Much more needs to be said for a full treatment of WHC. Enough has been said to indicate that health care in the Reformed community requires radical revamping. Both the situation as well as our worldview require it. It is time we cease to thoughtlessly ape the secular-evangelical model. We have saddled those who have hosted our missionaries with models that not only reflect bad philosophy but that also are proving ineffective, unsatisfactory and too expensive. In fact, these efforts have created tensions within the recipient communities and institutions that are now everywhere falling apart. We can do better than that. It never was acceptable for Reformed missionaries to be so careless and ignorant of their own theological tradition, worldview and resultant missiology. Today, it is simply inexcusable. We should stop betraying our hosts through withholding the best we have to offer. Even Evangelicals are now rejecting their secular dualistic approach and replacing it with their own version of a wholistic approach. How much more the Reformed! The question is whether we will do so on basis of our own wholistic worldview or on basis of an Evangelical model which remains crippled by a lingering, undergirding and incipient dualism.

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Miscellaneous papers and reports. Christian Health Association of Nigeria. Some of them appear on this same Boeriana page.