

Health Promotion NEWSLETTER

Health Department of the Euro-Africa Division

Number 21, Third Quarter 1999

EDITORIAL

Dear colleagues and friends:

It is now summertime and most of us will be spending time with our families either in some relaxing environment or exploring new exciting horizons. For the people of Israel it was a sacred duty to enjoy special holidays throughout the year. This was necessary for the family unity and social health, but remember that all these occasions were linked with special worship to God, their savior and supreme King. This is why summertime is ideal for youth camps, health retreats or other seminars which provide physical, mental, social and spiritual restoration of our energies.

As we approach the year 2000 many people feel insecure, with the presentment of some unknown change... Unlogic wars and catastrophies of unexpected kind increase collective fear and hopelessness which were predicted by Jesus: "...nations will be in anguish and perplexity at the roaring and tossing of the sea. Men will faint from terror, apprehensive of what is coming on the world, for the heavenly bodies will be shaken." (Luke 21:25-26 NIV)

It is now when the world needs to see that we are a people with hope, with a positive vision of the future and with clear principles for the present. Here is where we can realize the timeliness of God's wonderful health message (see last page of this newsletter).

The health message must be more intimately integrated with the proclamation of the word and also in each believer's lifestyle. This is not a matter of central decision but of a continual change under the influence of the Holy Spirit. In this regard we wish you a blessed summertime and renewed energies and motivation to continue your important ministry in the promotion of health reform.

Yours, for better health

J. Hawlitschek

EUD Health Department.

FADS AND QUESTIONS ON NUTRITION

The reason for bringing up sometimes "hot" questions in this section of the newsletter is not that we feel they are priority in health reform, nor should such issues be brought up in the churches for discussion. The reason is, as we mentioned before (see number 19, first quarter 1999) that in public lectures on nutrition, these are the questions which come up again and again. Sometimes there is no conclusive answer for a specific question but most often there are good scientific data which you should know. It is therefore that we have selected among the most commonly asked questions to discuss them here with Dr. John Scharffenberg, expert in nutrition. If you know good scientific arguments which could help answer some of these questions, we would be very happy to receive them. On the other hand, if you are confronted with relevant questions and you are looking for help, feel free to write us. In this section we want to do our best to share with you valid, updated scientific information which could be useful in case of need.

QUESTION: Does drinking milk protect against osteoporosis and hip fractures?

Yes, some say. Others say, No. There are numerous studies to show teenagers who drink milk have greater bone density.

Dr. Walter Willett of Harvard University has been studying 86000 nurses for many years. As milk intake increased the hip fracture rate increased. He says take a walk (get exercise) and skip the glass of milk. For this reason some scientists are differentiating calcium intake from milk and calcium from supplements. Milk may increase the excretion of calcium whereas the supplements may be preferable if more calcium is needed. A case can be made from the scientific studies to answer that question either way. We will have to await the results from the studies that are now in progress to get a more definite answer.

References showing adolescents and calcium:

- 1) J Am Med Assoc 1993;270:841-4.;
- 2) Nutr & the M.D. 1996;22(No. 7):104;
- 3) Ibid. July 196; 22(No. 7);
- 4) Am J Clin Nutr 1995;61:577;
- 5) J Bone Min Res 1995;10:711.

References on the other side showing milk may not be necessary or a good source:

- 1) Am J Clin Nutr 1998;67:351-3.
- 2) Messina Mark & Virginia, *The Dietitian's Guide to Vegetarian Diets, Preschool and School-Age Children*, 1996; pp. 98-9.
- 3) Am J Epidemiol 1997;145:926-34.
- 4) Harvard Public Health Review, Spring-Summer, 1998, pp. 6-7.

QUESTION: What about pesticides on the fruits and vegetables?

The argument that one should not eat so many fruits and vegetables because the pesticides on them may cause cancer is a fallacious argument. High consumers of fruits and vegetables have less cancer. Much of the pesticide can be washed off. Recently over 7000 items were checked and only 1.5% had levels above acceptable levels (levels which may increase cancer deaths by 1 in a million).¹ Although the word 'pesticides' generally brings to mind synthetic chemicals, 99.9% of all pesticides in agricultural produce are produced by plants themselves.²

Pesticides increase in concentration as one goes up the food chain. In other words, if one were to eat meat there's likely to be more pesticides than from the plant foods. This is because the animal has eaten the plant foods and may concentrate the pesticides consumed. For example, DDT was concentrated in the fat or cream of cow's milk.

The National Cancer Institute of Canada convened an Ad Hoc Panel on Pesticides and Cancer and concluded that it was not aware of any definitive evidence to suggest that synthetic pesticides contribute significantly to overall cancer mortality. The Panel also concluded that it did not believe that any increased intake of pesticide residues associated with increased intake of fruits and vegetables poses any increased risk of cancer.³

References:

- ¹ Health After 50, Nov. 1995
- ² Cancer Causes and Control 1991;2:427-42
- ³ Cancer 1997;80:2019-33

See also the two enclosed posters, one on DDT and the other about cancer causes by Doll and Peto.

At this time the letters are from "our" missionaries working in far away fields. Their letters are usually a mixture of thankfulness to God and concern because of the great challenges and lack of resources. They show that the reality out there is quite different than at home.

Please notice that two of these missionaries are dentists. Today it is much easier to start a dental clinic than to begin a new hospital. Besides of that, dental work is very much needed and I think that this aspect of medical missionary work has not received its deserved attention in the past. By saying so I encourage our dentists to get more intensively involved in missionary work.

HONDURAS- Emergency help

"Five months ago there was a terrible hurricane 'Mitch' in Honduras, Central America. As a group of five, 3 physicians and 2 nurses, we decided to go with ADRA to assist in that emergency.

On arrival there I expected things to be bad, but they were very bad. The main problem were not the winds but the heavy rain which transformed small creeks into torrential rivers of 1 km with within few hours. These devastated everything they encountered in their way: houses, roads and basic infrastructures of the country. It is estimated that it will take about 40 years for the country to restore from the damages. Honduras is one of the most underdeveloped countries of Central America. I was mostly impressed by the astonishing capacity of the people to adjust and bear with the situation. There were no complaints but thankfulness for the help they received, specially through ADRA Spain.

Our group spent 45 days working first in Tegucigalpa and then in other less affected areas of the country. The Red Cross had installed several "macro-lodgings" around the cities to house the thousands of homeless people. These are groups of 10-20 houses, each having 12 rooms of 16 square meters. There was one family in each room. You can imagine the promiscuity considering the fact that the average family has 6 children. Each room has one light bulb and one electric plug. There are common kitchens and latrines. The few showers had water only during some hours a day.

The work began usually at 8 o' clock in the morning with a two hours break for lunch. This was necessary to endure the working conditions. Our medical "offices" were installed in the kitchen or store rooms: dark, hot and dusty. The patients are

filthy and barefoot but worthy, friendly and thankful. Most cases are respiratory infections, intestinal parasitosis, diarrhea and skin diseases. Every day people related us tragedies of lost family members, taken by the floods, buried under collapsing houses, or missing. In many instances we had no resources to help, only comforting and prayer. Our usual load was 150 to 200 patients/day.

In May '99 another group from Spain will depart to Honduras and in July one more. Some people think that the donated medications and clothes disappear or do not reach their destiny. This is not the case, specially with an organization like ADRA which is well established in the country and has long term working plans.

Finally I must say that such an emergency action is only possible with the moral support of our family and of our colleagues at home who carry additional workload during our absence. Overall it is an unforgettable experience."

Reported by Dr. Pedro Llorca, Director Health Department of Spanish Union in the newspaper "El Economico" of Sagunto, May 1999

BANGLADESH- Dental clinic

"Dear Dr. Hawlitschek, thank you very much for the surprising calendar with beautiful pictures. I received it just at my birthday. Here is a lot of opportunities for new mission. We are here two new dentists and it is difficult for the clinic to survive financially. I am trying my best and have some very good friends among embassy workers.

Our 7 years old daughter adjusted very quickly. She attends the English school and speaks every day better English.

Bengali people are very friendly and our staff is also very cooperative. Our church in Dhaka has 200 members. In our surroundings live a lot of very poor people. They are just living on the street.

Our clinic is located in a very good area of the city. We have 5 dental units and chairs inside of our clinic. Our director Dr. Jim Trott is from Loma Linda. The whole staff at our clinic is recruited from local people. We have three assistants, one dental hygienist, and two laboratory technicians, altogether 15 people. Our patients at the clinic are from all kinds of people: rich and poor, white and colored, educated and also illiterate. To our clinic in Gulshan belong also three smaller dental clinics outside in the country. There are local workers. I am communicating with my patients in English. My assistant helps me with the translation into the local language. Only once we had a patient who was far from the border with India and he spoke a special Tribal dialect and nobody from our clinic was able to understand him.

My wife is also working as a receptionist at the clinic. She is slowly adapting to the food mainly available here in Bangladesh, which is rice. They are eating it here every day. In wintertime there was possible to buy vegetables but now it mostly stopped and started time for fruits. Bananas are available during the whole year.

I am very thankful to our God that He is so merciful to me and helps me so much. He sends me some very important people for dental treatment. For example, one of my patients was an elderly lady with sore ulcer at the backside of her tongue. She was using many years "pan" leaves with strong irritant effect to the teeth and also to the soft tissues of oral cavity. She was very happy with the way of treatment, that she stopped using "pan" and she liked me so much that she said I am her 7th son. She is relative with Prime Minister of Bangladesh, and her son is one of ministers of the government. This family invited me to visit them. I gave her one of our book and she is very happy to be in touch with us, she knows that I am SDA. I am very thankful for this contact. It is a gift from our Lord.

One of my patients is now my good friend. After several conversations on the biblical topics with him, I invited him to our church in Dhaka and he came with his whole family. We have here in Dhaka about 200 church members. Our mission compound is located in Mirpur part of Dhaka. There is the church, elementary school, Union offices, ADRA, small dental clinic and living places for several pastors. We have an English service at 8.30 Sabbath morning. Then is Sabbath school for all and one of the classes is also for English speaking. At 11 a.m. is worship in Bangla language.

I am very thankful, that I can be here. It is just the beginning and I believe that the Lord has a lot of new experiences for me. Here are lots of needs and many opportunities for services. Jesus said: The harvest truly is plenteous, but laborers are few. This is more than true here. I believe that the health message in connection with powerful good news of Gospel is a mighty weapon in God's hand to prepare people for His second coming. I am praying for wisdom from above to know what to do for so many people living close to us."

Reported by Dr. Milan Moskala, dentist from the Czech Republic.

TANZANIA- Dental clinic

Thomas Riederer, his wife Anita and their two children Ariane (6 years) and Philip (3 years) left Switzerland for Tanzania in November 1998 within the frame of the missionary work of "Family Development International", a self-supporting organiza-

tion which is located in the U.S.A. Thomas is a dentist and the couple already spent some years in Blantyre (Malawi) where Thomas was employed by the SDA church. There are three more families/couples from the U.S.A. being involved in this comprehensive mission project.

They are now about to start working in the Kibidula center (which is located about 40 km from the next larger town - Mafinga) promoting the following projects:

- Sponsoring of lay evangelists in remote areas
- Financing of bicycles and motorcycles for ministers
- Financing and mounting of chapel roofs
- Evangelistic campaigns
- Translation, editing and distribution of printed material for literature evangelists and ministers in Swahili
- Distribution of pamphlets in Swahili

We are sharing with you a letter which Thomas and Anita have sent to us describing the difficult circumstances under which he and his family started settling at the center:

“May 25, 1999

Dear friends,

After a lot of talking, praying, planning, shopping, and packing we are finally here in Kibidula, Tanzania. We moved out of our nice apartment and left a good job at the University of Bern and finished packing a 20-ft container in November. Due to some local problems here in Kibidula we were delayed in coming and arrived at the end of December 1998.

All new beginnings have their challenges, and this place is no exception. We were living out of our suitcases for about 6 months and are happy that our container arrived three weeks ago. The house we live in needed a lot of repairs and the surrounding looked like a jungle and needed some cleaning up. We are reaping the consequence from previous administrative problems, and now need to work on building up trust, and cooperation with our fellow national workers. Learning Swahili is another challenge and unfortunately it can't be learned in one's sleep, but it takes work.

Thomas has been away quite a bit going to Dar-es-Salaam to work on his registration papers, and for a board meeting in Zambia. Anita had to get used to the bats and rats in the house - we were staying in the unfinished house - , and realized how clever rats can be, and how difficult to exterminate. Anita has learned to just pull the cover over her head and try to ignore the beasts or else stay up all night worrying about whether they would crawl over

the kids and her lying on mattresses on the floor while Thomas was gone.

The climate here is very enjoyable, although we are now beginning the cold season and it is turning chilly. We are fortunate that we have no malaria here because of the close to 2000-meter elevation. The beautiful wild flowers, the lush green grass, and the different kinds of birds are such a blessing, and we always feel refreshed after a walk in nature. Anita has learned how to cook over a charcoal burner, and has come to realize that cooking a meal can almost be a half-day process. We enjoy the friendship we have made with some of our Tanzanian neighbors and they have made us feel welcome.

The clinical work has been delayed because of all the administrative mess. Thomas has been given the 'joy' of being in charge of the whole place (5000 acre farm with different mission projects) and cleaning up the business office. He has started to work on patients that come to the door. With the equipment and the supplies that we brought over we have a good base to serve the local population. We did not know how high in demand dentists are here, especially in the expatriate community. In the remote location where we are we thought that we will only serve the village population, but the expatriate people in the area are pushing to be attended, too. They do not want to go to Dar-es-Salaam, which is a day's trip away. A limited amount of work on them would cover the cost for the work on the poor village patients. But the cost for decent equipment (about 20'000 to 30'000 USD) is over our budget for the moment.

If we look back we are sometimes astonished how we made it to come out here in the bush but when we look at the present we thank God for having given us a new meaning to life in service for his children. With his help we can bring a change in people's lives and relieve a lot of unnecessary pain.”

Thomas and Anita Riederer
P.O.Box 17
Mafinga, Iringa
TANSANIA
E-mail: V+KIB@sat.vitanet.org

AUDIO-VISUAL MATERIALS

The French “5-Day plan” is now available on computer in Power Point format:

- Medical part (pictures and text) on CD-ROM
Patrick Guenin, ☎ +33-450 45 21 66
Price: FRF 390.00

- Psychological part on CD-ROM
Michel Grisier, Fax +41-22-793 68 36
Price: CHF 80.00

CONVENTIONS AND SEMINARS

NEWSTART programs in Germany

Aug 29 - Sep 17, 1999
Landhaus Die Arche, ☎ +49-39924-7000

NEWSTART programs in Switzerland

Sep 26 - Oct 03, 1999 - focus on obesity
Clinic La Lignière, ☎ +41-22-999 64 64

NEWSTART programs in Romania All year round.



There are also special programs for German groups and soon there will be English speaking groups. Ask for more information.

Place: Health Center in Herghelia.

Phone +40-65-169 169, Fax +40-65-168 007
E-mail: herghelia@netsoft.ro

HEALTH WEEK in Switzerland

Sept 05-19, 1999, St. Stephan. Guest speaker Dr. Zeno Charles-Marcel, medical director of the Lifestyle Center of America, USA.
☎ +41-61-261 0939

AMALF Congress, France

October 29 to November 1, 1999. Place: Merville (Normandie), France.



Subject: All around the "Five-Day-plan", psychological approaches, results, comparison with other methods, etc.

ANNIVERSARY During the congress there will also be time to visit several museums and to celebrate the 20th anniversary of AMALF. Don't miss this special occasion!

☎ +33 (1) 360.68.62.32

PORTUGAL

Sept 28-Oct 07, 1999 - Seminar on addictions. Speaker is Dr. Gary Hopkins, Director Institute for the Prevention of Alcoholism, Andrews University, USA.

SPAIN - First European Congress of Adventist University Students and Graduates

October 29 - November 1, 1999.
Place: Lloret, Costa Brava, Spain.
Subject: The Bible and Mediterranean Culture.
☎ +34 3 4530299, Fax +34 3 4539703

KEY DATES 1999



October 02-09 Week of Health
Prepare a special program for the church.



December 1 World AIDS Day
Distribute the SDA AIDS-pamphlet.
Focus on Biblical principles of prevention.

THOUGHT OF THE MONTH

"The duke of Wellington was once present where a party of Christian men were discussing the possibility of success in missionary effort among the heathen. They appealed to the duke to say whether in his judgment such efforts were likely to prove a success commensurate to the cost. The old soldier replied: "Gentlemen, what are your marching orders? Success is not the question for you to discuss. If I read your orders aright, they run thus, 'Go ye into all the world, and preach the gospel to every creature.' Gentlemen, obey your marching orders."

Gospel Workers, p. 115

The **Health Promotion NEWSLETTER** is a quarterly report about new health promotion materials, conventions, important addresses, working strategies, etc. For best effectiveness we kindly ask you to share such information with your co-workers and also to supply to our department pertinent information to be published. Let us unite in the proclamation of God's health message!

Our address is: Health Department, Euro-Africa Division, Schosshaldenstr. 17, 3006 Bern, Switzerland. Phone +41-31-359 15 15, FAX +41-31-359 15 66. Jochen Hawlitschek, director, e-mail 104474.415@compuserve.com; Monica Braun, secretary, 104100.71@compuserve.com