I would like to begin by articulating as clearly as I can the vision out of which this community has initiated 24 social demonstration locations around the world in the past 2 years. We seek to demonstrate that it is possible for a village to re-order its wealth production, service delivery and policy system to allow every man to experience fullness of life, or, to name it another way, the spark of human dignity. This is very hard to talk about in the abstract. Let me provide a more specific some illustrations.

From the point of view of a villager walking behind his plow in India, knowing that somewhere in the world there are methods which allow farmers to grow greater crops per acre, and knowing that his children don’t have enough to eat, creates a very real tension that would not be there if he hadn’t known that somewhere in the world there are ways to get more food per acre. But what hope does he have of growing more crops? If he experiences that he has no hope at all of interacting with the situation, then he must conclude that he has no hope at all of interacting with the situation is powerless, ineffective, emasculated. A kind of resignation sets in and the flame of interest, enthusiasm, lust for life become very dim. He never wanted to be an American-style farmer. He just wanted the chance to meet one challenge in his life and feel he had won, to feel that he was doing a bit more than simply staying alive during his many years on earth. Denied this option, a kind of un-excitement, un-possibility, or un-potence sets in which is the opposite of the fullness of life that we would hope to see for every man. It is not that everyone in every country experiences it this way, but I am trying to make it concrete enough that you can understand what I am pointing to.
The quote from a Malivada elder:

All of you have seen the decor piece that quotes a Malivada Elder.

"Last year I was an old man waiting for death. Now I greet each day as a young lion," is a testimony to the transformation that can happen.

As a movement we know a lot about imaginarily educating people to at least consider once again that they might be able to move beyond plodding through life to something that looks a little more like lusting after life. We know a great deal about organizing people into guilds which work together and in so doing they share in power much greater than any of them might have singly. We know a lot about setting up stakes for the purpose of dealing in a rational and comprehensive way with every last person in the community. We have The Consultation which we use to initiate a local community project. We have a very fine tool for getting imaginations going again, getting people organized into groups which can work together and getting the problems of the community identified in such a way that the people in the community can see that to solve this or that problem would be possible and if possible to themselves have had some power in the world, after all.

Let me tell some more stories.

Imagine yourself a Jeju man, essentially out of work at age 24 when you are discharged from the army. The women do all the farming. You spent 5 years in the Korean Army and saw that in other parts of Korea industry provides jobs for men and makes available a higher standard of living—something you could feel challenged to take part in. But Jeju is an island and transport of raw materials to the island and finished goods off the island makes it too expensive to try to set up industry in Jeju. There are precious few jobs to be had. Once again we see despair. Jeju itself has seen an epidemic of suicides among young men in the last five years. KwangYung itself experiences the problem as chronic drunkenness of some of its brightest young men.

Or imagine yourself a Sudtongan mother whose child is dying of tetanus—a disease for which technology is already available for both prevention
and treatment. You could accept dying of something that strikes equally at everyone, but to die of something that you know could have been prevented produces the sense of incompetence that we have talked about. People will not be able to maintain their hope in themselves, their belief in themselves, unless they see a realistic way to work on gaining control in these areas of their lives. The spark of human dignity will lose its brightness.

Our practical proposal for getting that to happen is to create situations around the world where in spite of obviously disadvantageous environmental situations, people walk with a spark of dignity. We are assuming that what it takes is one, or two, or maybe twenty experiences in which the person experience himself as powerful, effective and assertive, and that old spark will burst forth. We are not saying that every person in the community will respond to all this - that has never been the way it is. We are not saying that the person who does respond will win every time he goes to battle in the future, but that he will have restored the will to fight once more, as Katzenbach puts it, to go battle with God, to experience himself as in charge of his situation, at least within certain limitations that are part of being human.

All the resources of the world belong to all the people of the world. I believe that. And I believe that one of the resources of the world is technical training that has developed in the West over the past two hundred years or so. I believe that it is possible to share that technology with developing countries in a way that does not compromise the cultural identity and integrity of the recipient people. As proof, I point to Japan, a country which is clearly as Japanese as it ever was, yet which has adopted much Western technology.

One guideline for adequate sharing of the technology is that our
Our respect for the humaneness of that person requires that we put together a system which he can be in charge of, one that he can operate out of his own resources, one in which he need feel dependent on nobody. Now it happens that across the globe, people are coming to the conclusion that unless they produce the wealth and resources to provide health care at the level where health care is consumed, you quickly run out of money, no matter how much money you had in the first place. So the system must be capable of being run on the basis of the resources that the community can produce. Not just money resources, also manpower resources. 80% of the doctors in the world live in industrialized nations, and that is a trend that is not about to change. The people resources for the local health system must also be within the capacity of the local resources to produce. So it is not only a moral issue that the health care system we produce must be within the resources of the people who will use it; it is a pragmatic one as well. Getting food to a child in the Philippines who is underfed costs centavos a day. Once the underfed child with minimal resistance gets pneumonia, the cost of hospital admission, drugs and salaries for highly trained personnel is all prohibitive even if it were generally available. I could give many examples, the principle is the same. Teaching people to prevent illness puts them in charge of their life. Trying to provide curative care automatically creates dependency and drives the cost of care beyond the resources of the people who need it. And this is true in both developed and developing nations.
to problems of sanitation - mostly deaths of infants from diarrhea and vomiting of dysentery from contaminated water supply. It is this fact that has led World Bank to list sanitation systems as its number one priority for loans to developing nations for health purposes. It is also this fact that results in the statistic that fully half of the deaths occurring in developing nations as a whole are deaths of small children. The second cause of preventable deaths are due to faulty nutrition, usually not enough food resulting in non-resistance to what would otherwise be mild infectious diseases, colds and measles. And finally another 20 percent of preventable deaths could be prevented if an adequate system of immunizations were provided. Only 4 million out of the 80 million children born each year are ever immunized. Altogether, the current medical literature supports the contention that 80% of the deaths in a developing nation could be prevented if the communities were organized to have adequate water supply and toilets, adequate food supply and distribution, and adequate organization to insure that everyone in the community got the benefit of a full series of immunizations. None of these, interestingly, really require a physician's skills, and the requirement that a medically trained person such as a nurse give immunizations must be held in perspective that compared to the job of organizing people to show up, the time required to actually administer the immunizations is minimal.

The argument for preventive care is bolstered by historical perspective. It was the 1700's in Europe and N. E. that the death rate from diseases such as plague, typhoid, cholera, yellow fever and syphilis all began to drop drastically. Yet modern treatments for the care of these diseases really have not been available prior to 1945 with the discovery and mass availability of penicillin and then other treatments developed since that time. What happened in the 1700's was that cities began to install clean water systems to enforce sanitary codes, to carry garbage out of the cities, and the food supply stabilized to provide adequate calories for the majority of people.
Having worked through the arena in which we had to operate, the Health Acceleration unit moved quickly to identify the four arenas of activity necessary to get the job done. Probably the single most important decision was that we would be no more than a month in each location. We couldn’t find anyone else who believed that you can put the touch of radicality to what we were doing in a situation where we otherwise were entirely in concert with what accepted authorities in the field were suggesting as the necessary actions. We could see that we would have to create a very grass roots health care structure. We imagined two categories of people in this structure. First, Home Health Caretakers: volunteers who would be organized by stakes so that each one was responsible for some 20 or 30 families in the stake. He or she would know basic things like how to weigh the babies every month, how to get somebody into the local hospital and having criteria for admitting and releasing someone for what would you want to admit somebody admitted to the hospital as opposed to having him cared for by local herb medicines. The person should know who is pregnant in the stake, who is sick and from what, and should know how to do very basic first aid such as cleaning wounds, stopping bleeding, handling diarrheia in infants, etc. The second part of the grass roots structure is the Health Outpost Worker. Someone able to man the health outpost most of every day, know about delivery safety precautions, know what is an adequate immunization schedule, and know how to get the county nurse to show up on schedule to do the immunizations, keep the home health caretakers organized and operational, and know a lot more first aid.

To support this grass roots care system, we would need to build the bridges of liaison between the village system and establishment health services. This would be our second arena of engagement.

The third arena of engagement would be mass education - teaching everyone in the village something about health serves to make the community a bit more
receptive to the initial work of the home health caretakers.

The fourth area of engagement would be building whatever physical
structure seemed most needed to further the current health situation
and in the community. The issue here was to get something substantial to
symbolize in concrete the work that had been done elsewhere.

The final step of preparation was the battle over curriculum. In
retrospect, what this did was allow us the time to think through just
exactly how would we transfer what we knew how to do in a highly technological
situation in the U.S. where we had all had our training and practical experience
to a situation where there was very different technology available.

Well, enough for the necessary homework, what happened on the road?

Bayad

first pair - El Bayad, Egypt was our first stop. We arrived the day
the food subsidy riots began in Cairo. Egypt is an ancient land, and
in any way, the Felaheen, or peasants, continue their labor and life much
as depicted in the murals of the pyramids. This area happens to have
stone housing, but you see the second story being added on as cow dung is
piled up for storage. It is put there to sun dry as fuel, but the family
collects more than it needs and eventually will be plastered over with
mud and serve as a second story sleeping chamber for children or as a
pigeon coop. Cooking the traditional flat bread is done over a cow-dung
fire on the floor in this picture. Lack of ventilation contributes
greatly to eye irritation and problems and pus in the eye attracts the flies
which carry trachoma. Probably a quarter of Bayad's women have lost one
eye.

second pair - looking back on Bayad, I would say it was the place
where we first confronted malnutrition as something more than statistics.
We found there are two kinds - the obvious starvation of the children in a
family that has somehow fallen out of the traditional family patterns as
example, a family in which the husband has died and which
for instance in death of the husband of a family that has no relatives in villa
Then there is the less obvious but more common malnutrition of just chronically falling a little short of what you need. Life goes on, but never achieving full potential. Cairo Nutrition Institute came to El Bayad and did a survey at our request. 90% of El Bayad's children fall into the lowest 3% of height and weight groupings by Egyptian standards. Since the dam broke the annual flood cycle, there simply has never been enough food in the village.

The trek in Bayad

The trek in Bayad was a great community forum, in Bayad, with the one innovation that the proposals from the final workshop were assigned directly to various guilds for immediate action. You make the point that all the guilds are responsible for the health of the community, you also. In response to the malnutrition we saw, we built the baby-weighing program as part of our standard operations. It works well—and was taken almost without change from other programs and adopted for use by the stake system, which strengthens the whole concept.

But the most highly symbolic job was the participation in the work days to get the water pipe to run from the well down by the Nile up to the village. A great victory was shown here on the first day the pump was running as women crowded around the open pipe to take clean water into their houses. They immediately appreciated the

Kwang yung Ill

First shot—welcome to Kwang yung Ill—these are pictures of the pre-schoolers providing entertainment during the CP. In Kwang Yound Ill we were to experience being even closer to the reality of the situation as experienced by local man. I was called about 1:00 in the morning to attend a young woman who was bleeding after child birth. She had been bleeding for about 5 hours. She was already in shock when I arrived. The family knew that they should have taken her to the hospital, but the road was terribly rough and the jeep was out
of gas. I insisted that we make a run for it, and she died as I attended her in the back of the project jeep. The local provincial hospital would have been adequate to do the D and C she needed five hours early. It was entirely inadequate to deal with the extensive resuscitation procedures that we employ in this country. In spite of our well laid plans for the trek, I at least, experienced a deep vocational cry. If only we had come on this trek prepared to do curative care we might have saved this woman. Yet, the truth is that two or three women a year will bleed to death in this village until the transportation to the hospital is made more possible. And much has already been done to avert such tragedy in the future.

One of the mundane tasks in Kwangyang was placing second set - the stones around the entrance to this public toilet, destroy were carried out of the nearby river bed by the health trek allowing a public nuisance to be at least dried out. No job is too humble when you are out to demonstrate possibility; The Community forum in Korean was an observer at the Health Fair would have noticed.

Third set - these women are beaming as they examine the model of a fetus in uterus - all the women to understand the anatomy of such a system is a second component in helping them get the help they need when birthing goes wrong.

Nam Wai -

first set - Nam Wai is a much more affluent village, malnutrition is unknown and health problems are much more urban. Preventive health in this case consisted of measures which would keep the young people in the village and prevent them from drifting into the slums of Hong Kong. Here you see the immaculate condition of the house courtyards - the private space and the chaos and condition of the public space.

second set - We spend only a week in Nam Wai, working mostly with the auxiliary, but in that time symbolized the hopes for future steps in
working to improve the outlook of the village by planting this bush in the public space courtyard.

Sudtonggan

First set— for me, Sudtonggan was most painful of all the encounters. Poverty was everywhere apparent and people much more conscious than elsewhere that it doesn't have to be this way. It was here we came to realize we were most conscious that the auxiliary is often unaware of the extent of medical problems because it is the healthiest, the most able, who participate with the auxiliary in building the new village. It is the starving children of the poorest families who never get sent to pre-school to benefit from the meal program. The acceleration team must have methods of seeking out the problems of the whole village. This is the typical musical accompaniment of a guild meeting in Sudtonggan.

Second set.— The classes for health workers went especially well in Sudtonggan. The health workers in uniform at the health fair. Also at the health fair is the display of Sudtonggan products—a booth of the small industry guild which makes the point that the success of Sudtonggan products meant more income to provide for the health of the entire community.

Third set — and now a report back to the economic acceleration team which proceeded us by several months to Sudtonggan. Here, see the newly constructed fishing boat started up then—new complete and seaworthy. and the nets 600 meters long of net allotment which had the floats and sinkers tied on by hand in preparation for use on the boat. This was a great sign for the health team as the worst malnutrition was consistently in the stakes inhabited by the fishermen of the village. And the fishermen's guild, along with the industry guild, have structured into their plans a significant portion of their earnings
to support the health and welfare needs of the entire village.

*Hawangware*

In first set Hawangware, place of glory for all mankind

second set The first weekend of the health trek is spent in visitation with the elders of the village - here we see the elders of Muslim village attending the Community Forum on the second weekend. The triangles here are in Swahili. The second weekend was a Community Forum with三角形 in Swahili.

Third set The Health fair is the third weekend event - and in Hawangware went especially well with two tents filled with some 36 displays. Here is one provided by the local dental school and Colgate company. The final weekend is the time of commissioning, a great event, a rite of passage for the village people, after which they are recognized as community health caretakers.

*Maliwada -

first set

Maliwada is the oldest project we have visited, thus far. The physical signs of change are everywhere. Here is the entrance of the village enhanced by a mural of the community symbol, and here is a stone paved, straight road and gutter that will allow people to feel a bit less like cattle slogging through a marsh when the monsoon times come. The team saw

second set -

Pundik, the silversmith, quit his job in the nearby town because he wanted to be an Iron Man in Maliwada - here he uses an ingenious metal straw with a right angle at the tip to blow through a kerosene flame to produce a hot jet that softens the silver on this tray. He will pounding the silver into a wedge-blade ring. The community garden is difficult to maintain in the dry season. This portion has been irrigated from the nearby well and is still producing.

third set -
Just one look at the replication school, here is shown an afternon workshop and, kto remind you of where these young men are coming from and the journey they are taking, here is a picture of the most common mode of transport in all of the villages of India.

As I have selected these slides, I have been conscious of selecting those which show the vitality and optimism of local man. In spite of the over-whelming problems facing these people in their community, the predominant impression one gets in the villages where we were assigned to work is the hopefulness and anticipation of better to come — a resiliency in the face of adversity, and the intrinsic strengths of these communities in areas such as human relations and methods of coping with stress. I believe that as we this year begin to face the health problems of the more urban situations, these lessons learned in the poorest countries will serve us well in the so-called developed countries.

Throughout the trip, emphasis was placed on simple nutritional education.

I have really just about finished. I have taken you though the steps of preparation for the journey we made. I have taken you through the villages we have worked with, and given you a sense for what we learned from each one, what we know how to do in order to accomplish our objectives.

Now I want to take advantage of the fact that I have your attention to teach a little lesson about five food groups, and while doing so, hopefully reveal to you the level of simplification that we have found most helpful.

First, you need to know a little bit about proteins.