

~~THE~~ GLOBAL HEALTH ACCELERATION ~~TEAM~~

KEN GILBERT 1

TREK

~~During~~

and I have been part of

For the last six months ~~I've been with several of my colleagues~~ ^(on) a global health acceleration team ^{which} ~~and~~ visited six of the social demonstration sites and five of the replication sites in India, ~~among us~~. I've been asked to ~~talk today~~ ^{(tell) report} about

how ~~it was that~~ we put the health acceleration team together, what we ~~learned~~ from ^{the trip} ~~all of that~~ and a little bit about ~~what~~ it felt to be like on a health acceleration team. ~~And I would like to go public~~

As a movement we have created a

I'd like to begin by articulating as clearly as I can the vision out of which ^{we have decided to} this community has initiated 24 social ~~demonstrations~~ around the world, in the past two years. ~~I think I speak for all of us when I say that~~ We seek to

demonstrate that it is possible for a village to reorder its wealth, production,

its service delivery and its polity system to allow every ^{person} ~~man~~ to experience the

fullness of life ^{AND} ~~or to name it another way~~, to experience the spark of human dignity.

This is very hard to talk about in the abstract. Let me provide some illustrations.

Imagine yourself ^{as} an Indian farmer following after his oxen as ^{you} plow the field. ^{you are}

~~you are using~~ ^{using the same way} the plowing ways that have been used by your people for many many generations

and yet you ~~know~~ ^{that} somewhere in the world there are ^{other} ways of producing food which ^{will} produce more food per acre. You know there are people in the village who are

hungry. There have always been people in the village who are hungry. The farmers

have always plowed their fields this way but now ^{you know} there is something different possible, that somewhere in the world, it is possible to raise more food.

Somewhere in the world it is possible to not have people hungry. This kind of realization produces a kind of tension and it is resolved in one of two ways.

Either that farmer gets the tools he needs to produce more crop per acre or he experiences himself as powerless, ineffective, ^{or} ~~sometimes we use the word~~

emasculated. A ^{deep} kind of resignation sets in and the flame of interest or enthusiasm

lust for life becomes very dim.

Now, our friend the farmer never wanted to be an American style farmer. That's not what ~~he~~ he is asking for. That is not what he is thinking about. He just wants a chance to meet one challenge in his life and feel he had won, to feel he was

doing ~~XXX~~ a bit more than simply keeping ~~xx~~ alive during ~~the~~ ^{his} ~~many~~ years on earth.
 Denied this option, a ^{certain} kind of unexcitement, impossibility, ^{and} impotence sets in, which
 is the opposite of the fullness of life that is our vision for every man.

It is not that everyone in every ~~country~~ experiences it this way. ^{Human} I am trying to
 to make it concrete ^{enough} that you can understand ~~it~~ ^{what I am pointing to}. ~~All of~~
~~I have seen a quotation from~~ ^{One of} ~~the~~ ^{said,} ~~quote from the Maliwada elders~~ "Last year I
 was an old man waiting to die. Now I greet each day as a young lion." That ^{points to}
 points to ~~what~~ ^{and} I mean by the fullness of life, ^{human} the spark of ^{dignity}. As a movement,

we know ~~alot~~ about imaginably educating people ~~to~~ ^{at least} consider once again
 that they might be able to move beyond plodding thru life to something that ~~xxx~~
 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 share a power much greater
 than they had ever experienced before as individuals. We know alot about setting
 up stakes for the purpose of dealing in a rationally comprehensive way with every
 last person in the community. This all has to do with reordering the polity of
 the village. ~~During~~ the consultation which we used ~~to~~ initiate a local community
 project we ~~have~~ a very fine tool for getting imaginations going again, to ~~get~~
 people ~~organized~~ into groups which can work together ~~and getting~~ ^{and} the problems of
 the community ~~identified~~ in such a way that people ~~in fact~~ begin to feel like they
 could work with those problems. They could experience themselves as effective once
 again.

~~Let me tell you some more stories.~~ ^{Now} Imagine yourself ^{like the} a ~~dojo~~ ^{man} ^{who} ^{lives} ^{on the island}
 You are 24 years old and essentially unemployed because your ~~5~~ ^{years} spent in the
 army is over. The women ^{nearly} do all the farming, ^{and} women take care of ^{the} children.
 You've been in the Korean army for ~~5~~ ^{five} years and you've seen the way it is in the
 mainland. You know that on the mainland there is industry that provides jobs
 for men. ~~There is a~~ ^{participation of} ~~The people~~ ^{of the mainland} in creating a better way of life.
 You could identify with that. You could experience some kind of excitement, some
 kind of meaning in your life.

But Jeju is an island and transportation of raw materials to an island is expensive, ^{and} ~~and~~ transportation of finished products off the island is expensive, ~~and~~ ~~and~~ ~~that~~ ~~with~~ ^{those extra costs,} ~~expense~~ ~~means~~ it would be too expensive to set up industry on Jeju island.

So, there are very few jobs for men on Jeju island. Precious ^{few} ~~so~~ jobs for men, and once again we see despair. On Jeju itself there has been an epidemic of suicides in the last five years. * In Kwangyung Il it shows up more specifically as a terrific rate of alcoholism. Most ^{frequently} it is seen among the brightest and most hopeful of the young men. ^{PP} Imagine yourself a Sundtonggan mother, whose child is dying of tetanus, a disease for which technology is already available for both prevention and cure. You could accept dying of something ~~that~~ ^{disease} that strikes equally at everyone. But to ~~die~~ ^{die} of something that you know could have been prevented produces a sense of incompetence, of personal failure that we have talked about. People ^{CAN} ~~will not be able to~~ maintain hope ^{on their belief} in themselves, ¹ ~~their belief in themselves~~, unless they see a realistic way to work ^{of} ~~of~~ gaining control in these areas of their lives. The spark of human dignity will lose its brightness. ^{PP} As a community, we hold the vision that every man and woman might carry himself with that spark of dignity. Our practical proposal for ~~getting~~ that to happen is to create situations around the world where in spite of ~~x~~ ^{harsh} ~~obviously~~ ^{disadvantageous} environmental situations, people walk with that spark of dignity. We are assuming that what it takes is one or two or maybe twenty experiences in which a person ^{grasps} ~~finds~~ himself ^{as} ~~to be~~ powerful, effective, ^{and} assertive. ^{or} perhaps he finds his community to be powerful, effective and assertive and that spark will burst forth. We are not saying that every person in the community will ever discover that spark for himself. It has never been that way. ~~but we are saying~~ And we are not saying that the person who does respond will win every time he goes into battle ~~in the future~~. But ^{he will} you ~~will~~ have restored the will to fight once more, or, as Kazantzakis puts it, "To do battle with ^{the abyss} ~~God~~, ^{to} to experience himself as in charge of his situation at least within those limitations that are limitations for all of us as part of being human.

JP

of the world.

All the resources of the world belong to all the people. I believe that. I believe that one of the resources of the world is technical expertise.

Technical training ~~that in fact~~ allows people to gain the kind of control which we in the ^{Western} world have in many arenas of our life. I believe it is possible to share that technology with ^{developing} other nations, ~~with other people~~ in a way that does not compromise the cultural ^{all} identity and integrity of the

recipient people. I point to Japan, a country which is clearly as Japanese as it ever was, yet ^{which} ~~it has~~ adopted much Western technology. One guideline for adequate sharing of the technology is that our ~~mutual~~ respect for the humanness of the person we share with 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 ^{needn't} ~~has to~~ feel dependent on ^{ANYBODY.} ~~nobody.~~ ~~How it happens that~~ across the

globe people are coming to the conclusion that unless you 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 ^{was available at first.} how much money ~~you started with.~~ So the system must be capable of being run on the basis of the resources that the community ~~has~~ can produce. Not just money resources but also manpower resources.

~~It happens that~~ Today 80 percent of the physicians in this world live and work in the ^{industrialized nations.} ~~developed countries~~ of the world. That statistic is not going to change

~~in the near future.~~ ~~It's one we must work with.~~ ~~So, not only the money resources but~~ ^{and the money resources} the people resources for local health systems must be within the

capacity of the local to produce. ^{Therefore} ~~It is~~ not only ^{that a health care system} a moral issue, of putting local man in charge of the situation, it is ^{must be within the resources of the people who use it,} ~~also~~ a pragmatic ^{one as well.} issue. Getting food to a

child in the Philippines ~~is~~ who is underfed costs only centavos a day. Once ~~that the~~ underfed child ~~is~~ with minimal resistance gets pneumonia, the cost of hospital admission, drugs, and salaries for the highly skilled ^{personnel} ~~people~~ it takes to cure pneumonia is all prohibitive, even if ^{it} ~~they were~~ ^{generally} available. ~~It could give many~~

~~examples of principles~~. Teaching people to prevent illness puts them ~~in a position to be~~ in charge of their life. We call that preventive care.

B

Trying to get people ~~xxxx~~ curative care ^{automatically} almost by definition creates dependency and drives the cost of care beyond the resources of the people who need it. This is true in both developed and developing countries. ^{nations} ~~Not~~ ^{Much} of work has ~~already~~ ^{already} been done in determining just what ~~are~~ ^{in developing nations} people ~~out there~~ ^{are} getting sick from. What would you do if you had limited resources and wanted to get the most ^{mileage} mileage out of the money and time you did have? Well, pursuing this question in ~~our~~ ^{The health team} medical literature ~~it~~ quickly became obvious ~~as we prepared for this trek~~ ^{Using} that ~~you could say~~ in the developing world as a whole, probably 40% of the preventable deaths occurred secondary to problems of sanitation. These are things that could have been prevented if there ~~was~~ ^{had been} an adequate sewer system ~~and~~ ^{and} an adequate clean water system. It is this statistic that has led the World Bank to list sanitation systems as its number ~~one~~ ^{one} priority for making loans ^{in the area of health} to the developing nations over the next several ~~years~~ ^{years}. It is also this fact that results in the statistic that ~~half~~ ^{fully} of the ~~deaths~~ ^{deaths} that occur in the developing nations are deaths of children. For it is the children who die of diarrhea and dysentery. ~~Forty percent~~ ~~40%~~ of the preventable deaths are due to these kinds of disease. The second cause of preventable deaths are due to faulty nutrition. ~~Given~~ ^{Not} enough food, results ~~is~~ not in direct starvation but in non-resistance to what should otherwise be very mild ~~xxxx~~ illnesses - colds, flu, ^{and} measles. Finally, another 20% of preventable deaths could be prevented if an adequate system of ~~health care~~ ~~such~~ ~~as such rudiments~~ as immunization ~~could be~~ ^{was} provided. Only ~~four~~ ^{four} million out of the ~~80~~ ^{eighty} million children ~~who are~~ ^{such} born ~~this~~ year will ever ~~have~~ ^{be} any immunizations. Altogether the current medical literature supports the contention that 80% of the deaths in the developing nations could be prevented if the communities were ~~organized~~ ^{organized to have had} ~~and~~ ^{and} have adequate water supply and toilets, adequate food supply and distribution, ~~an~~ ^{and} adequate organization to ensure that everyone in the community ~~received~~ ^{received} got the benefit of ~~a~~ ^a full series of immunizations. None of these, interestingly, really requires a physician ^{skills}. The ~~requirement~~ ^{requirement} of medically trained persons such as a nurse to give immunizations must be held in perspective.

Overcome their fear
 speak to when you got there. They had to ~~not be afraid~~ of that system so they could make entry ^{into} it. They had to know very minimal first aid, how to wash off a cut, ^{and} how to stop bleeding, ^{These are} **very simple things**, ~~which are essential~~ ^{Enough curative, if you will,} so that people who were hurt would begin to come to them and use them as a health resource.

~~Very simple things.~~ ^{Now} Then that system requires ~~some kind of~~ a coordinator.

We called the coordinator the Health ~~Outpost Worker~~. ~~The Health Outpost Worker~~ is ~~a bit more~~ full time, ^{and} is in fact stationed in the health outpost, ^{She} ~~and~~ has ^{to have} enough selfhood that (for instance) when the immunization nurse does not come to the village when she is scheduled to, the health outpost worker can go get her, find out where she is, find out what happened, ^{and go get her.} ~~Has enough selfhood so she can~~ ^{She needs to be able}

^{to} coordinate the Home Health Visitors. ~~Enough selfhood so she could learn a bit more~~ basic first aid, ^{and} perhaps ~~the~~ midwifery. We found in most countries we did not have to train this person. A ^{government} program already existed to do that training.

We did have to identify and motivate that person and put them in the midst of a system of Home Health ^{Visitors} ~~care-takers~~ which is the piece that was missing from most ~~government~~ programs.

In the second arena of engagement, we

~~The second category of work~~ ^{we} talked about the bridges of liaison between the village system and the establishment health service. ~~This is the second arena of~~

~~engagement.~~ ^{visiting} This meant going to visit the director of the local district hospital and finding out what kind of services he was able to provide. ~~This~~ meant finding out in which of the multiple divisions of the ^{government} health service there were ~~were supposed~~

^{To provide} services provided to the community. ^{all of} ~~this~~ is a remarkably complex area. It is not unusual to find ^{four or five} ~~four or five~~ different ministries, each of which has some kind of health responsibility, ^{and} each of which in theory provides health care to the village. We called that liaison work.

~~That was part of our task.~~ The third arena of engagement was mass education, ^{teaching} everyone in the village something about health service to make the community a little more receptive to the initial work of the Home Health Visitors.

receptive to the initial work of the home health caretakers.

The fourth area of engagement ^{is} would be building whatever physical structure ^{is} seemed most needed to further the current health situation in the community, ^{and} ~~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 ^{the team} us the time to think through just ~~exactly~~ how would we transfer what we ^{had learned} knew how to do in a highly technological situation in the U.S where we ~~has 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~~

^{On the back of} first pair - El Bayad, Egypt was ^{the} first stop. ^{The team} We arrived the day the food subsidy riots began in Cairo. Egypt is an ancient land; ~~and in any ways,~~ 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, ^{on} 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 ^{the dung} that 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} bred is done over a cow-dung fire on the floor, ~~in this picture.~~ Lack of ventilation contributes greatly to eye ~~irritation and problems~~ and ^{the} pus in the eye attracts the flies which carry ^h 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 ^{the team} we first ~~xxx~~ 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 ^{7 as} for ~~instance in death of the husband of a family that~~ ^{example, a family in which the husband has died and which} ~~(has no relatives in village~~ ^{the}

Then there is the less obvious but more common malnutrition of ~~just~~ ^{families} chronically falling a little short of ~~what you need~~ ^{the food they}. Life goes on, but never achieving ^{es} ~~ing~~ full potential. ^{The} Cairo Nutrition Institute came to El Bayad and did a survey ^{on} ~~at our~~ request. ^{Ninety percent} 90% of El Bayad's children fall into the lowest ^{Three percent} ~~to 5~~ of height and weight groupings by Egyptian standards. ^{Because} Since the dam broke the annual flood cycle, there simply has never been enough food in the village.

~~third change~~ ^{The trek in Bayad began} ~~we started out~~ with a great community forum, ~~in Bayad,~~ with ^{the} one innovation ^{was} that the proposals from the final workshop ^{were} are assigned ^d irectly to various guilds ~~to~~ for immediate action. ~~You make~~ ^{gets made} The point ^{is} that all the guilds are responsible for the health of the community, ~~you-aise~~ In response to the malnutrition ~~we saw, we built~~ the baby-weighing program ^{was initiated} as part of ~~our~~ standard operations. It works well - and was taken almost without change from other programs and ^a adopted for use ⁱⁿ to the stake system, which strengthens the whole ~~concept~~ ^{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 celebrated} shown here on the first day the pump was running as women ^{led} crowd around the open pipe to take clean water into their houses. ~~They immediately appreciated the~~

Kwang yung Il

First shot - welcome to Kwang yung Il - these are pictures of the pre-schoolers providing entertainment during the C.P. + Elders ~~at attendance in the workshop~~ ^{In Kwangyung and Il} ~~was~~ ^{to} experience being even closer to the reality of the situation as experienced by local man. ^{In Kwangyung Il, South Korea The team} ^{It} 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 ^{five} ~~5~~ hours. She was already in shock ^{on} 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 ^{on the way to hospital} 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~~ ^{In spite of} our well laid plans for the trek, ~~I at least,~~ ^{this event occasioned} experienced a deep vocational cry. If only ^{The team} 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, and as~~ ^{Much has already} was reported yesterday morning, ~~considerable~~ ^{has} been done to avert such tragedy in the future.

~~One of the~~ ^{One of the} mundane tasks in Kwangyung was placing ~~the~~ ^{second set} stones around the entrance to this public toilet. Restones were carried out of the nearby river bed ^{and placed on the path floor} 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. ~~Community forum~~ ^{in Korean} ~~An observer at the Health Fair would have noticed~~

~~Third set~~ ^{Such display} these women are beaming as they examine the model of a fetus in uterus. ^{of birth, this} allowing women to understand the anatomy of such a system is a second component in helping them ^{Gives them confidence to secure} get the help they need when birthing goes wrong. ^{Have us} problems during childbirth.

Nam Wai -

~~first set~~ ^{Tamun (Hong Kong)} - 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} rather than drifting into the slums of Hong Kong. Here you see the immaculate condition of the house courtyards - ^{the private space} and the chaotic ^{shanty} condition of the public space. *

~~second set~~ ^{The team} We spend only a week in Nam Wai, working ^{mainly} with the auxiliary auxiliary, but in that time symbolized the hopes for future steps in

working to improve the outlook of the village by planting ^a this bush in the public space courtyard.

Sudtonggan

*Philippines
in the Philippines
a*

~~first set~~ for me, Sudtonggan ^a was most painful of ~~all the~~ encounter.

Poverty was everywhere apparant and people ^{were} much more conscious than elsewhere that it doesn't have to be this way. It was here we came to be ^{realized} most conscieus that the auxiliariy is often unaware of the extend of medical problems because it is the healthiest, the most able, who participate with the auxiliariy 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 ~~xxxxxx~~ especially well in Sudtonggan. ~~Here are~~ the health workers ^{came} in uniform ^{to} at the health fair. Also at the health fair ^{there was a} is the display of Sudtonggan products - a booth of the small industry guild which ^{made} makes the point ^{to} that the ^c success of Sudtonggan products means 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. ^{The team saw the} Here you see the ^{newly constructed fishing boats} boat started up then - now complete and sea worthy - and the nets 600 meters ^{long} of ~~net~~ all of which had the floats and sinkers tied on by hand in preparation for use on the boats ^{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

Kenya

~~first set Kawangware, place of glory for all mankind~~

~~second set The first weekend of the health trek ^{was} spend 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 ~~For~~ Community Forum with the ~~social process~~ triangles in Swahili.}

~~Third set~~ ^{IT} the Health fair ~~is~~ the third weekend event ~~and in Kawangware~~ went especially well with two tents filled with some 36 displays. ~~Here is one provided by the local dental school and Colget company.~~ ^{ambulance service showing first aid.} The final weekend ^{was} ~~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~~

India was

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

~~second set~~

~~Pundik, the silversmith~~ ^{who} quit his job in the nearby town because he wanted to be an Iron Man in Maliwada ~~here he~~ ^{using} 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 ^{ed} the silver on ~~this~~ ^{the} tray. He ~~will~~ ^{was} 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.~~ ^{The Samas box factory}

~~third set~~

Just one look at the replication school, here is shown an afternoon workshop and, to 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.

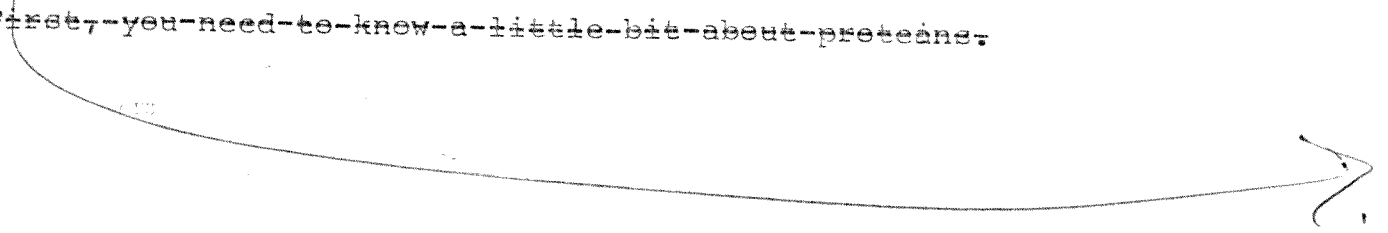
~~As I have selected these slides, I have been conscious of selecting those~~
In all these sites, the ~~which show the vitality and optimism of local man.~~ *is now everywhere noticeable.*
In spite of the over-whelming problems facing these people in their community^{ies}, the predominant impression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

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

I have really just about finished. I have taken you through 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~~
Every village received ~~teach~~ *the* 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 preteans.~~



The first screen ~~you use when looking at~~ ^{for} a community's diet is ~~the screen~~ ^{That} of sufficient calories. Although this is ~~just backwards of what~~ ^{the reverse of what} most of us ~~experience in our private lives,~~ ^{learn in the} the truth is that in most of the projects we have been working with, getting enough calories into the village is the first priority. ~~And we have learned to get away from traditional ways of looking at nutrition (for just one person, and look at the calorie availability for the entire community.)~~ ^{It is not just a matter of looking at the calorie requirements of} ~~but~~ ^{but for} Everywhere we go, we ~~push~~ ^{was encouraged} the agricultural guild to set up ~~food~~ ^{was encouraged} production targets for food self-sufficiency. ~~We calculate that~~ ^{By} multiplying 3,000 calories per day ~~times 365 days a year,~~ ^{by} ~~times~~ ^{and then again by} the number of people in the village. ~~The total calorie requirements for the whole village for one year were calculated.~~ ^{The total calorie requirements for the whole village for one year were calculated} Now you have on your place mat both ~~the~~ ^{BY} US MDR ~~recommendations and the~~ ^{and} WHO and FAO recommendations, ~~and you can see that~~ 3000 calories is slightly high, ~~it would look even higher if you had requirements for children in front of you~~ But ~~we calculate~~ ^{it was} at 3,000 calories ~~to leave enough margin for the rats and insects to get some and still have enough at the end of the year for the people to eat.~~ ^{at that} ~~to leave~~ ^{left} enough margin for the rats and insects to get some and still ~~have~~ ^{leave} enough at the end of the year for the people to eat.

The ~~second~~ ^{was the} priority in a diet is enough protein. ~~We use 50 grams of protein a day as our calculation,~~ ^{used} ~~you can see that~~ ^{used} This is slightly higher than the FAO requirement. ~~The~~ ^{was the} Food and Agricultural Organization is a UN agency ~~who~~ ^{which} established its ~~levels~~ ^{levels} in the context of developing nations where protein is ~~really~~ ^{The critical data} in tight supply, ~~and what you really need to know is~~ ^{needed to} what ~~is~~ the minimum amount of protein you ~~can get and be healthy.~~ ~~Setting our figure to 50 grams,~~ ^{the} ~~we allow~~ ^{at} a ~~little~~ ^{slight} margin of error, and covers the recommendations for ~~a~~ ^{mother} lactating ~~mother~~ ^{for} as well. The USMDR recommendations, on the other hand, are established in the context of a country ~~where~~ ^{where} protein is plentiful and it seems easy enough to allow a generous measure, just in case. ~~Let~~ ^{is} This be a lesson ~~for you when you~~ ^{relevant to anyone} are trying to work with Western-trained experts in anything, ~~if~~ ^{if} the figures they are using are not necessarily appropriate to ~~your~~ ^{other} contexts.

→ Protein measurement is tricky. ^{Comprehensively} Not with protein lit is like this. Some sources of protein are perfectly ~~xxx~~ adequate in themselves ^{Such as} meat, milk, ^{and} eggs. While ~~Other~~ ^{Other} sources of protein contain perfectly good protein, but not ~~all the different~~ ^{The full range} types of proteins you need ^{ed:} to put your body together. Most proteins you ~~actually~~ ^{be} can put together ~~for yourself~~ from more basic components ~~which you get from~~ ^{obtained from} eating plants. But there are 8 proteins which must be eaten ~~already~~ ^{ready} assembled ~~for our~~ ^{some the} body needs them but cannot put them together. ~~xxx~~ ^P Plant sources carry some of these, but never all 8 from ~~the~~ ^{the} one source. So ~~if you are going~~ ^T to get your protein from plants, ~~you~~ ^{it is necessary} have to ~~be~~ ^{be} eating several plant sources together. ~~It turns out that~~ ^P Plants like seeds from grain are not only good sources of calories, but carry a significant amount of ~~protein~~ ^{protein}. But these proteins have to be completed by adding to them the proteins ~~from~~ ^{from} the groups called legumes or dahl and nuts. In Mexico, this looks like corn tortillas and ~~and~~ ^{and} beans. In India ~~it~~ ^{it} looks like rice and dahl; in Korea it ~~looks~~ ^{is} like rice and bean curd; in the U.S. it looks like wheat bread and peanut butter. Every successful culture has settled upon some such complementary pattern without the slightest idea of the theory behind it all. We clearly need to encourage this kind of nutritional wisdom in our teaching. ^{New para} The third priority is sufficient vitamins and minerals. This is no small issue. ^{Over} a million people are blind in India ^{owing to} due to lack of ~~vit A~~ ^{vitamin A} - ~~yet~~ ^{and yet} ~~vit~~ ^{vitamin} A is relatively common in fruits and vegetables that are easily available in India. ~~It seems like~~ ^T the key here is simply getting people to eat a variety of fruits and vegetables. ~~Even~~ ^{Even} ~~if~~ ^{if} in small amounts, ~~they will~~ ^{are adequate for} ~~get what they need.~~ ^{People} ~~and~~ ^{and} don't have to be taught a vitamin ~~and~~ ^{the technical difference between} a mineral. ^{This is reason for} So you see the ~~rational~~ ^{rational} behind teaching the five food groups. The foods are identified by qualities which are evident to a farmer's family. Once you teach someone about five food groups, they benefit from complementary proteins, without having to worry about all ~~the complexity~~ ^{the technical complexity}.

Eating something from both a fruit and a vegetable at each meal will give 4 or 6 chances a day (depending on how many meals are eaten) to get in the vitamins and minerals needed, ^{and the addition} ~~the touch~~ of food from animals, although theoretically not ~~absolutely~~ necessary, makes the protein source more likely to be ~~altogether~~ adequate and balanced.

Teaching food ^{about} ~~from~~ animals allows us to work ^{very} equally well in a meat-eating or a vegetarian community ^{without} ~~without~~ changing ~~our~~ images. ~~We provide~~

~~A~~ meal a day ^{is provided for} ~~to~~ the health workers as a break in ^{their} ~~our~~ classes ^{and find that} ~~and find that~~ ^{an} This is the ideal time to teach the five food groups, ~~and there is~~

~~a certain level of~~ evidence that the health workers ~~do~~ begin to change ^{their} ~~then~~ family eating patterns ^{no} after ~~this~~ exposure to a system which they are ~~obviously~~ able to initiate ^{themselves} ~~no~~ matter how small their food budget.

~~I recommend it to you in planning your meals. Remember, that your~~

~~Traditional food patterns~~ ^{were} ~~were~~ probably as unconscious as the tortillas and red beans of the Mexican but they ~~were~~ successful. But when two or

more cultures get together in the ^{same} ~~same~~ auxiliary, their traditional food patterns are shifted and at that point, ~~you need some rationale~~ ^{is needed} to pick

out what ^{from} ~~from~~ each food pattern must be preserved. ~~Now it turns out that~~

~~In closing, I would like to give testimony that I believe we have solved~~ ^{has been solved} ~~the~~ health delivery problem in rural projects and ~~have solved it~~

within the bounds of information readily available within the discipline of health professions. The primary issue has consistently ^{with} been practical application ^{The} solution has always been found consistent with our presupposition,

~~all the people, all the problems, limited geographical area, symbol is key depth human problem. And in the area of economic presuppositions.~~


All the ages and all the problems are to be dealt with in a limited geographical area with ^{the} emphasis on the depth human problem and the use of symbols as key.

THE DOCUMENTS

Before the team set out, they wrote down some 18

Operational assumptions ^{for} of Acceleration Treks. They June 1977
are as follows:

DIRECT COMMUNITY IMPACT

1. The trek globalizes images of the people in the village.
 2. The trek builds and reinforces guilds and stakes.
 3. The trek is out to increase the responsibility of the village people, not of the auxiliary.
 4. The trek will train ^{local} people so ~~that there will be trained local~~ people to carry on the structures started after the trek leaves.
 5. Each trek assists the project in seeing that all guilds are related to the trek's arena, thus assisting in integrating the project components.
 6. The trek builds liason between the area establishment structures and the village through personal visits to appropriate local establishment figures.
 7. Trek personnel ~~avoid~~ use of equipment or methods that they are unable to leave with or teach to village people.
 8. Trek marks the end of their work with a dramatic event which allows the village to indicate their thanks for the work done, while at the same time serving as ^arite of passage for villagers who are assuming new responsibility in the wake of the trek's work.
- 

TREK-AUXILLIARY COLLEGIALITY

1. Trek coordinates its action with the auxilliary, but ~~must~~ provides action beyond the existing auxilliary plans.
2. Trek absolutely avoids making comments on the internal life of the auxilliary.
3. Trek participates in the enablement design of the auxilliary.
4. Trek lives the same life style as the auxilliary.
5. Trek imparts its expertise to auxilliary through training collegiums.
6. Trek brings news of the global campaigns through collegiums and materials from other projects.
7. Trek maintains a separate identity by such means as accounting for itself at meals as a separate team, ^{and} holding its own planning meetings, etc.

MAINTAINING TREK OBJECTIVITY

(See next page)

MAINTAINING TREK OBJECTIVITY:

1. Trek maintains objectivity through ^{the} pre-established design of events.
2. Early in its timeline, the trek publicly lists 10 to 15 accomplishments for which it will stand accountable.
3. The trek does one physical visible sign such as a building at each site.
4. The trek completes everything it starts and leaves with the project a list of future steps
5. ~~Trek expertise~~ ^{The trek's expertise} is manifest ^{ed} through ^{pre-established} common strategies used by each unit for dealing with problems in the trek arena.
6. Trek works entirely within the village consensus as articulated in the consult document.

7. The trek team members establish among themselves ^{specific} ~~common~~ strategies for dealing with problems in the trek's arena - and ~~rely on these~~ ^{rely on these} common strategies rather than individual opinion.

TREK COMMUNICATION NETWORK

1. The different treks communicate with each other about every location they visit.
2. Trek writes reports with standard formats and includes copies going to the auxiliaries and appropriate centrums.
3. Trek writes informative letters to the guardians ~~that are~~ involved in the arena of expertise and gets ~~them~~ ^{these letters mailed} out soon after each site ^{is} visited.
4. Trek personally take advantage of traveling to visit ^{globally recognized} "experts" in their ~~field of experience~~ ^{assigned arena}.

TREK ASSIGNMENT PRINCIPLES:

1. The trek team is assigned sufficient number of personnel ^{so} that it may divide into several equally competent units ~~as needed~~.
2. ~~Four persons per unit is the recommended minimum size~~ ^{in order to} ~~maintain~~ ^{maintain} trek continuity.
3. ~~Treks train area personnel through participation as trek staff.~~ ^{3 Treks train personnel from other projects by having them assigned as part of the trek team}
4. Trek teams and units are multinational.
5. Trek teams cut across ^{to} tendency to hierarchism by rotating team responsibilities at each site.
6. At least one person with relevant expertise and ^{formal} credentials serves in each unit.

maintain internal mobility and objectivity

APPROPRIATE TREK FUNDING:

1. Treks include development in their overall team schedule and assume responsibility for raising global funds equal to the team's expenditure.
2. Treks have their funds allotted directly from the Center ^{and thus are able to finance}
3. ^{and} ~~are~~ ^{are} accountable for budgets and funds to Chicago Nexus. ^{the necessary activity in the village.}

and thus are able to finance the necessary activity in the village.