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RECOVERY PROGRAMME AS PART OF HEALTH MISSION WITH SPECIAL REFERENCE TO THE NEW HOPE CENTRE

History

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The word mission means "a specific task or duty assigned to a person or group of people". It can also refer to a person's vocation (often in the phrase' mission in life'). Another meaning for it is "a group of persons representing or working for a particular country, business, etc, in a foreign country" or "a special embassy sent to a foreign country for a specific purpose". Yet another definition for it is "a group of people sent by a religious body, especially a Christian church, to a foreign country to do religious and social work."[1]

Of relevance to our study is the last definition given. It implies that people sent on a mission are involved not only in the act of spreading their faith but also in social work. In present-day usage, mission work need not necessarily mean work in a foreign country. The Ramakrishna Mission for instance, is designated as a mission and it has mission stations across different parts of India run by Indian nationals. For example, the present Secretary of the Mission in Shillong is an Indian national, Swami Achyuteshananda.[2] The churches of North East India too have retained the concept of mission

though by now, they are all bereft of foreign missionaries. We may therefore take the term mission to mean religious and social work performed by a group of people. The meaning, taken in this sense can be applied to the Presbyterian Mission in the Khasi hills.

The Presbyterian Mission has long been involved in spreading the Christian faith in the Khasi-Jaintia hills. In fact, it was the first to start a firm base for Christianity in the Khasi hills.[3] Along with evangelization, a significant area in which Christian missions (the Presbyterian Mission included) contributed to social change in the Khasi-Jaintia hills was in the area of humanitarian services – health care being one of the most important of them. It is widely noted that missionaries had greatly contributed in the field of education, but few had realized the significance of their health care activities.[4] Initially the missionaries did not plan to become involved in medical work because they believed that this would interfere with their primary task of evangelism. However, when confronted with the suffering of the people, they began to treat the diseases as best as they could. The early missionaries were not trained for this purpose, but gradually picked up a little knowledge of first-aid and simple treatment of the most prevalent diseases.[5]

By the end of the nineteenth century, the Presbyterian Mission was so impressed by the importance of medical work that it began to send fully qualified medical missionaries – the first mission working in North East India to do so. Dr. Griffiths started a dispensary at Mawphlang in 1878 and Dr. A. Hughes started a second one in the Jaintia area in 1887.[6] By the start of the twentieth century, "clinical Christianity" as missionary medicine was sometimes known, came to be regarded as probably a vital and persuasive means of presenting the gospel to the people of other cultures and faiths.[7] Thus the medical mission progressed further and in 1922, the 140 bed Welsh Mission Hospital in Shillong was opened. A hospital in Jowai was inaugurated in 1953. Travelling dispensaries and rural health centres were also maintained at Mawphlang (1964), Laitmawsiang (1970) and Shangpung (1972).[8] The establishment of health care centres as part of the medical mission is a process that is continuing even now.

In 1994, the Presbyterian Mission in the Khasi Jaintia hills ventured into another area of philanthropy when it established the New Hope Centre. It is a counselling and information centre for

drug and alcohol abuse, "providing hope for every person affected by the problem."[9] The Centre is now functioning as a de-addiction centre at Central Ward, Shillong. It has 15 beds and is giving free treatment to drug addicts and alcoholics who come and register themselves for counselling, awareness and rehabilitation.[10] Alcohol abuse takes a heavy toll on health, a fact acknowledged by the World Health Organisation (WHO). The WHO Global Status Report on Alcohol 2002 states: "Overall there is a causal relationship between alcohol consumption and more than 60 types of disease and injury. Alcohol is estimated to cause about 20-30% of oesophageal cancer, liver cancer, cirrhosis of the liver, homicide, epileptic seizures, and motor vehicles accidents worldwide."[11] Not only is alcohol abuse a cause of disease but it is a disease in itself and medical intervention is required in its treatment. Thus the establishment of this centre is an extension of the medical mission.

According to Rev. B.B. Wankhar, KJP Assembly Project Officer in charge of the New Hope Centre, right from 1965 the KJP Synod had felt the need to intervene in social issues and problems and alcoholism was one such problem. Alcohol abuse had affected Christian families as well as families of members of other faiths living in the Khasi-Jaintia Hills. In 1974, a society was established and registered and right after that, certain innovative programmes were undertaken with a view to minimising alcohol abuse in the society. Then in 1994, the KJP Synod established this counselling centre for alcohol and drug abuse to help addicts, Christians and non-Christians alike. More than the addicts, it is their families and the society at large which suffers. Therefore the New Hope Centre was established to contribute to the betterment of society.[12]

Rev. Wankhar's information regarding the beginning of the Church's concern towards alcohol abuse is in connection with the history of the establishment of the New Hope Centre. Otherwise records suggest that the Missionaries' concern for this problem dates back to the nineteenth century. It was reported in missionary writing that in the mid-nineteenth century, "intoxicating drink was the great curse of Mawdem (a village in the Khasi hills) – men, women and even children being addicted to it. Their poverty was appalling. A few filthy rags barely covered their yet filthier bodies. The poverty and depravity of Mawdem had become a by-word even among the Khasis."[13] Similarly, in 1854, Ma Luh, a teacher and Christian preacher reported that Jowai (a village in the Jaintia hills) was

in the grip of alcoholism and other social evils.[14] The launching of the Temperance Movement in 1921 during the Assembly service held that year at the Laitkynsew Presbyterian Church[15] further indicates that the Mission's concern for alcohol abuse dates back at least to the pre-Independence period.

The early missionaries' recourse to combat the evil of alcohol abuse was through preaching the gospel and exhorting converts to give up the alcoholic habit. "…forswearing alcohol was as much a condition of church membership in Khasia as it was in Wales."[16] However, no punitive action was sanctioned in the event of converts breaking the alcohol rule, unlike the American Baptist missionaries in other parts of North-east India who took disciplinary against Church members for indulging in the opium habit.[17] The Temperance Movement of the 20th century was in the form of women organising group prayers and members resorting to mass awareness campaigns on the menace of alcohol abuse in different parts of the Khasi Jaintia hills. The campaigns consisted of talks, short plays, showing of slides etc. Home counselling for faithfuls who had fallen into the drinking habit was also done.[18]

The establishment of a counselling and de-addiction centre marked a change in the Presbyterian Church's way of dealing with the alcohol problem. Rev. Wankhar states, "In the past years, there was a lot of negative thought (in other words, an attitude of condemnation) on alcohol abuse but now the mindset of the Church has changed. It believes in taking up rehabilitation programmes and also preventive measures to reduce (the ill effects of) alcohol abuse in the society."[19] The "Preventive" programmes consist mainly of awareness programmes held in different educational institutions from time to time and organising poster campaigns and competitions, essay writing competitions, debates, quiz, seminars and group discussions on alcoholism.[20] On the effectiveness of these preventive programmes, Rev. Wankhar said that the Centre now has networked with around thirty villages for conducting these programmes regularly. The fact that there is a demand for holding these programmes shows that society considers them useful.[21]

The de-addiction process for the admitted patients, explains the reverend, begins with medical treatment. It is then followed by counselling and engagement in different activities intended to train a recovering addict to keep himself occupied so as not to fall prey to temptation. Bible study forms an important component of the activities. On whether evangelization is a motive for establishing this

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centre, the Pastor said that Bible study is just one of the activities linked to counselling and recovering addicts can seek God individually. The 12-step programme for recovery from alcoholism, which is adopted by the Centre, involves an addict acknowledging his powerlessness over alcohol and surrendering to a higher power, interpreted as God, to help him recover. The Centre caters to patients who come from different religious backgrounds – Christians, Hindus, Muslims and members of the indigenous faith. No evangelization is practised in the Centre.[22] The patients interviewed mention the various activities in the Centre and did not mention activities that amount to evangelization.[23]

If evangelization is not the motive, then is profit motive the factor for establishing the centre? The Project Officer of this de-addiction cum counselling centre says that definitely there is no profit motive. Fees charged from the patients are nominal and the amount collected is meant for purchase of recreational materials for the patients' recreation. The patients do not bear the cost of their treatment which is provided free. However, they have to pay for their food on a monthly basis. The cost of the patients' treatment is borne from funds provided by the Ministry of Social Justice and Empowerment, Government of India.[24] In his interview, a patient, Elimus Maiong also explained that the money which his family pays to the Centre is meant for his food and other articles of consumption.[25] By all indications therefore, profit is not the motive for establishing this centre.

The New Hope Centre is just one among the de-addiction centres of Shillong and alone, it cannot be said to have had a significant impact on society. But its contributions, though in modest ways, should not be ignored. In his interview, Rev. Wankhar informs that the success rate of the treatment is around 60-70 per cent. He also informs that a good number of ex-addicts have become counsellors in the Church and also in their own villages and localities.[26] The New Hope Centre Intake Register shows that between January 2007 and September 2013, the Centre admitted 532 addicts to its rehabilitation programme. The lowest intake in a year never went below 50 and the highest never exceeded 100.[27] If the recovery rate is 60-70%, then an average of 30 to 60 addicts are cured of the disease of alcoholism every year. The counselling work which some of them have taken up must have, in all probability, help contributed to sensitization on and prevention of alcohol abuse. A further contribution to sensitization on and prevention of alcohol abuse is made by the awareness campaigns

undertaken by the Centre. If, as informed by Rev. Wankhar, awareness programmes have been conducted in as many as 30 villages, the campaigns might have yielded some positive results.

In conclusion, it can be said that the New Hope Centre represents not only a further evolution of the Medical Mission but also of the concept of Mission as a whole. The idea of Mission today revolves round social and humanitarian services and evangelization and winning of converts is not emphasized upon. The New Hope Centre is an example of this idea of Mission. The centre is also a good example of a viable State-Church partnership for the eradication of social evils.[28] Last but not the least, the establishment of the Centre is a reflection of the changed attitude of the Church towards the alcohol problem. Alcohol abuse is looked upon as a problem and means are sought to contain it but there is sympathy for the abuser of alcohol, something that was lacking in the past.

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