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"Lessons from Bolivia: Faith Communities and Public Health as Partners in Healing"

Dr. Pamela Couture, Candler School of Theology, Emory University
(with Mark Sciegaj, Brandeis University School of Social Policy)
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Introduction

Jim Alley served as a medical missionary to Bolivia with the Board of Global Ministries (1965-1973) and later headed the Division of Public Health of the Department of Human Resources in Georgia (1974-1990). In Bolivia he developed a unique medical mission system, based in Montarro but providing care through village outposts, and was active in conscienziation, or, as his son describes it "letting people know they have alternatives: health care, education, right to property, the basic." In public lore Alley earned the reputation of "liberation theologian of public health," having been recruited to bring to "Georgia's Third World" what he offered to Bolivia. Alley's activities are intriguing for several reasons. First, the stories of his administration in Georgia provide a unique opportunity to chart the influence of Two-Thirds World experience on a major First World institution. Second, this history also offers a particularly accessible window into the way that theological assumptions creep into the rationality of "secular" institutions. These values became manifest in his practice of working through local congregations to improve health among the poor in Georgia offers the church a unique mode of offering care in poor communities.

We discovered Alley's activities while making final plans for a research project in pastoral care and congregational studies. Surveying the field of pastoral care, I concluded that pastoral counselors served an outpatient, largely middle-class clientele whereas chaplains offered inpatient care for people with low incomes. While the discipline of pastoral care routinely theorizes about the social and cultural context of its work, pastoral care offers few models for care of persons with low incomes beyond the reach of established institutions. I wanted to experiment with modes of care which helped pastors and congregations gain access to systems of public resources which parallelled those private systems available to the middle class.

The subsequent research project, conducted through the Rollins Center for Congregational Research in 1991-1992, allowed us to investigate whether liaisons between local congregation and county health departments would increase care for persons in underserved, rural communities. Mark Sciegaj, a former registrar of Candler School of Theology who now served as an ethicist for the Division of Public Health, officially contacted Alley, then Director of Public Health and also a member of my own local United Methodist congregation. We knew that Alley had an interest in creating relationships with local congregations, but we did not know the extent to which we were stepping into an undocumented history of liaisons between congregations and the Division of Public Health which spanned almost two decades. Shortly before the Lilly Endowment finalized the grant which underwrote the research project, Jim Alley died suddenly. As we renegotiated the project with the interim staff, the acting director, Richard Cunningham, shared parts the history of Alley's initiatives toward local congregations.

This history had never been documented. Some persons within the Division feared that initiatives by the Division of Public Health toward local churches would draw criticism (and jeopardize funding) from the Georgia legislature. They thought that the Division of Public Health had crossed the line dividing church and state. To avoid such criticism externally, the Division of Public Health left a scanty paper trail of its church connections. Alley's personal style further reduced the written record. Alley was severely dyslexic, held most of his observations in his head, and wrote little, either for publication or personal notes and observations. Finally, the public health practitioners with whom Alley surrounded himself, to their credit, were more interested in providing health care than writing about providing health care. A written interpretation, however, has now become important: to theological education, as pastoral care develops new modes of ministry in the midst of increasing

divisions between the rich and the poor; to schools of public health, as they actively seek ways of working with community institutions; to the Division of Public Health in Georgia, as it makes the transition from the administration of Jim Alley to the administration of Frank Houser. We are documenting this history through oral history due to the dearth of written records. We consider this paper "work in progress" and welcome any memories that members of the Ninth Oxford Institute may have about Alley and his tenure in Bolivia.

Alley's Influence at the Division of Public Health

Perhaps the best place to begin the story is at its climax: the significant changes Alley left behind in the Division of Public Health at the time of his death. These accomplishments occurred during the years 1974-1990 in a climate of racial coexistence and hierarchical power politics, such as characterize Atlanta:

1. Racial integration of the department. As a racially integrated division, the Division of Public Health is unique at least among divisions of the Department of Human Resources, possibility among arms of Georgia government, according to our interviewees. If one is used to the dominant Atlanta institutions which are majority white with minority African-American presence, one must be immediately aware of the difference when one visits the Division. Most striking is the substantial black female presence in all levels of the Division. According to his colleagues, Alley always verbally discussed how a decision would effect racial minorities, and he actively sought and promoted African-Americans and women. According to his son, the racial integration of the Division was the achievement of which he was most proud.

An anecdote told by a white male physician colleague: "In the 70s I had completed building a new office for my practice. I wanted Jim to see it. After the hour the only thin he commented on was that I had two waiting rooms (one for blacks and one for whites). He said, "that's against the law." "I know, but there is no other way for me to operate in a small town." Jim never preached to me about this but he gently prodded me. I had a black man as my janitor. I kinda adopted him and he me. Well, one night after hours, I asked him what he thought about the signs (colored/white). "Oh, those, I don't think about them." "What do you think if I took them down," I asked. He replied, "That would make me the happiest person in the world." "Take them down then." I was the first physician in Elberton to have an integrated waiting room. I kept both rooms open but people could go to either one. I realized that theses people (black and white) were alike. Not everyone (blacks) came to the former white waiting room but some did. In five months, there were no segregated waiting rooms in Elberton. That was Jim Alley's influence." (O'Neill).

2. Redistribution of power. In the 1970s the Department of Physical Health, as it had been called, was largely run by "white male medical doctors." (The offices of the Medical Association of Georgia are still located next to the building occupied by the Department of Human Resources.) When Jimmy Carter came to office, Carter was openly hostile to the Atlanta medical establishment. Carter's sentiments were paralleled by Alley's distrust of "white male medical-model doctors." Some white male medical doctors are still employed by the Division of Public Health, but only if they survived Alley's scrutiny as doctors who were willing to conceive of medicine in non-traditional ways.

Some "surviving white male doctors" told of their conversions from traditional medicine. "I got out of medical school in 1949, so I spent most of my career in academic medicine at Emory as a professor of medicine. . . .I was trained to diagnose and treat, so the sicker the patient got, the more professional satisfaction I got. . . .Tertiary care became medical technology driven and impersonal. . . .You know I was a professional and you'd make teaching rounds, and in abut 1978, every morning I'd see all of the patients that had been in the hospital. In 1978 the resident was telling me, "This is a cabbage times three." And I said, "Since when have we been admitting vegetables to the medical service? What's a cabbage times three?" He said, "That's a coronary artery bypass with three CABAG, that the patient had a coronary artery bypass with three bypasses. And I said, "Well, there was a person involved in this, wasn't there?" And he said, "Yes." And I said, "Why did he have the surgery?" He said, "I don't know." I said, "Will the surgery help him?" He said, "I don't know. " I said, "Why don't you know? He said, "Because he's in for another coronary arteriogram and that;s why he;s here and

I have so many patients to work up that it's not my responsibility to find out what his symptoms were and whether they were relieved and everything else." And I realized that because of the technology driving people and the shortage of hospital space that that part of medicine had to do with personal was no longer operative within a tertiary are facility. . . ." (Crutcher)

"I had been in private practice about thirty years when my wife (also a physician) and I decided that we wanted to five something back. I have always believed in giving back to the community. . . .The Board of Global Ministries told me to contact Dr. Alley (in Bolivia). . . .I finally got a hold of a ham operator who was able to locate someone in Santa Cruz who was able to get a message to Dr. Alley. . . .I discovered that this experience was going to cost me $20,000. I asked Jim if he wanted me to send him this money to use as he saw fit. He said, "No, I want you to come." So we went. We stayed in Bolivia for three weeks that first year. . . .Right after we arrived there a was a terrible accident. In Bolivia, they transport workers in open trucks. Standing up twenty, thirty people. . . .a truck overturned and they (the health care workers) had them laying our in the courtyard of the clinic. There was no emergency room of facilities to handle a situation like this. I told Jim he outfoxed me because he knew once I was here that I would see the needs. When we returned (to US) my wife and I raised $25,000 to build an emergency room, morgue, and extra bed space. I performed surgery and was to instruct Bolivians in certain surgical procedures. A baby was born with a hairlip, cleft palate. The child was going to die because in order for it to be fed we needed a feeding instrument. I called one of my colleagues and instructed him to put this in the mail today. It never arrived and when I later returned to the clinic, the mother and baby were gone. I asked Jim, "Maybe I can correct this. I have never done it before but I could try. We need to try or the child will die." Jim told me that was not the "Bolivian way." For Bolivians, at least what Jim said, wanted four healthy children. This child was not healthy so that family opted for it to die. I died three days later, I do know that. The three weeks in Bolivia changed by whole outlook as a physician and a lot of it was due to Jim Alley. He never preached but always made you think. . . .

(when John Venerable, former health director, was thinking of retirement) I thought if the state had someone who understood the complete of health as I was beginning to understand it, that would be the best thing. I knew Jim Alley was that person. I talked with Jimmy Carter's first Commissioner. . . .and told him I knew someone he should consider. I told him that he would have to be patient because Jim Alley was a "little wild." He asked what I meant so I explained that Jim had been in the jungle so probably would not wear a coat and tie. He (Alley)went to his first DHR Board meeting in a pair of shorts and an open shirt!" (O'Neill)

In one case, Alley asked a white male epidemiologist to take on some different responsibilities and asked him who could do his former administrative work. The doctor suggested his secretary. "So Jum hired my secretary, a black woman, and my secretary became my boss."

3. Empowerment of people; accountability to the people public health serves.

Repeatedly, we heard stories such as, "I met Jim Alley when I heard him talk on television; I called him up, and we talked for hours. We had a lot in common." Alley was widely known for surrounding himself with people with whom he had spent "a lot of personal time" and whose basic values he trusted. He "mentored" his colleagues by developing these values, helping them think more complexly within a value system, and helping them think of various angles to a particular problem. Having engaged in this intense, value-laden apprenticeship system, he gave the people he hired free reign in decision-making to do with the position what they wished. Although Alley clearly used his power to make and enforce decisions within the Division which were consistent with his theology, a large part of his value-system centered around community:

--Community-rule: "The other thing I've never forgotten is Jim's feeling that . . . community must rule. There were lots of times that what we wanted to do would get in conflict with that. Jim would either just ignore his value system and go do what he wanted to do, or he'd have to back off from what he wanted to do organizationally because his value of community just all of the sudden in the debate would just rise, and he would just say, "It's not in the best interest of the community; no matter how I think it's doing what I want to do, what the community is telling us is it's no good and therefore we must listen. . . .When we want to do something so bad, invariably we lose, and we'd sit

back later and say, "We should have listened to their values. . . ." (Cunningham)

--Community acceptance: Community had to "hire" its leaders. " "He would bring people in and if the community wouldn't accept them, he's send them right back out. . . . I can think. . . .of an individual that Jim was real close with right up until he died, but Jim tried to bring that person into the fold of his community management, and within two months, the community rejected this person and Jim had to cordon this person back out of the group. This person is still around today in a very active role. But Jim saw that, by the way that he ran a group of people, that they couldn't function because they were I-focused instead of community-focused.

--Community tells you when to leave: "The community tells you when to leave and the community told him to leave Bolivia. They came to him and they said,"It is time you leave. You're now trying to run this place, , , ,and you can;t do that. We must be in charge of our destiny. That's what you taught us, and you're trying to make us do it your way and we want to do it our way." And so he said, "You must learn to respect when the community wants you to leave." And sometimes that's a very hard thing to accept, especially when you put your heart and soul into it. Jokingly, what he use to say on that same was,"If we ever start getting awards from our community, that's probably a symbol that we ought to get out." Our first award ever from a group recently, who have been my arch enemy, MAG, and I stood there while I was receiving it at the House of Delegates thinking, " Jim Alley. . . .must be time for me to leave." (Cunningham)

4. Political survival. Alley disregarded major power structures in Georgia; introduced unorthodox methods in relating to community institutions, and financed projects he thought important in questionable ways. In that sense, Alley was something of a Robin Hood, taking from the rich and giving to the poor. Frequently, his colleagues would think, "Jim Alley is done for now." Yet he survived. His colleagues credit his survival to his Bolivian experience:

"When Jim mentored me, he made constant references to Bolivia. For instance, one of the things I would not understand was how he was so politically astute. . . . he could watch a leaf move on a tree and say, "Watch what's happening," I mean organization. And later, sex months later when some folds, he'd say, "Remember that leaf I told you to watch." So gone back to Bolivia, Jim said, "When you lived in 13 revolutions, you learn how people thin because you see people who appear to be very loyal betray people." . . . So Jim learned a lot of human behavior; he transferred it to this organization. He transferred it to teaching people. He tool human behavior and put it back into prganizational dynamics. . . .he became politically astute watching human behavior in the rawest form -- revolution. . . .He talked about how his nursing school survived 13 revolutions. Usually when revolutions took over, they would destroy all the institutions so that they would build their own institutions. The reason they wouldn't take down his institution was his straight-forwardness with the community. . . he kept to the theme: we treat people. So he treated the soldiers at one end of the building and he treated rebels at the other end of the building when they didn't know they were both being treated. . . .So I think what he was saying was, now we can get into the ethics of that if you want to, but what Jim was saying was . . . when the revolutionaries took over, they knew Jim was about medicine; he was not about politics. . . .even your enemies will support you because they know where you are. So I mean, he took that learning and brought it to this organization.

5. "Preferential option for the poor" in public health. All of the accomplishments listed above were tied together by Alley's primary concern for the poor. He believed that public health should serve and be accountable to the poorest person no one else would defend; in this, his medical philosophies and his religious beliefs converged. Both religion and medicine were accountable to Matthew: "I was naked and you clothed me. . . ."

From this sketch of Alley's influence in Georgia we can begin to discern similar contours in his experience in Bolivia and in Georgia. In both cases, he was an cultural outsider in a politically hostile environment, yet he gained enormous respect. In both cases, he spent the first year observing, getting to know the people, and finding our who they trusted. For example, in Bolivia, he developed a public health survey on which one question asked, "If you had $1000 to whom would you entrust it?" He determined the ten most-trusted members of the community and asked them to become his Board

of Health. In Georgia, when developing the Hold Out the Lifeline project, an infant mortality project of the Southern Governors Association, he also choose a woman to administer the project whose primary credential was the trust of the community. In Bolivia and Georgia he was active as a talent scout, mentor, groomer, "collector of people." He educated them to assume responsibility, trusted them to do their job, gave them experience he thought they would need later. One such Bolivian he identified as a teenager still administers the Bolivian project; another African-American man holds one of the most significant state health positions in Georgia. (Rumpf).

One of the most interesting facets of Alley's style was his used of conflict. Behind closed doors he invited interpersonal conflict over important issues, teaching his staff to be as forthright in their opinions as he was with his own; yet he went to great extremes to avoid being in the middle of public confrontation, whether the environment was Bolivian revolution or Georgian political manoeuvering. Several colleagues mentioned his own recognition of his aggressive streak, which he verbalized to trusted friends but rarely exerted in public. Therefore, he never allowed himself to become the issue over which conflict could develop. (Rumpf) In both places he seemed to have a strong sense of the possibility of being "stabbed in the back," without allowing paranoia to develop when it was unwarranted.

Both in Bolivia and Georgia he solicited members of the community who he then taught to become medical practitioners in outlying areas. Bolivians were recruited to learn nursing care which they administered in some thirty outlying clinics (Holloway); a similar network has become a pilot project in Waycross, Georgia. In both environments he was noted for fostering "underdogs" into major leadership roles.

Perhaps the key to his success was his extreme powers of observation, his sensitivity to context, and his multifaceted personality. Like John Wesley, different people knew different sides of his personality, different aspects of his theology and past experience. Some colleagues accused him of being an enthusiast ("he was known as something of a religious nut") and others called him a rationalist ("he was spiritual but not religious; didn't really talk about his religion; that pastor who did his funeral didn't really know him"). Only his son came close to sharing the composite picture of that we are developing of this remarkable man.

Theology in Secularity: The "Theology" of the Division of Public Health

These five characteristics of the Division of Public Health under Alley may represent something of an "institutionalized" liberation philosophy; what is equally remarkable is the extent to which Alley's own theological values undergirded not only those institutional changes but the training, programming, and mission of the Division. Colleagues who are not themselves church-goers are quite able to articulate the religious basis of the Division's practices. In order to understand religious influence in the department of public health, we must ask: First, to what extent did Alley's religious values converge with or augment those values generally held dear by the public health profession? In other words, to what extent were those values explicitly religious values and not simply public health philosophy? Second, how are those values expressed in the initiatives toward local congregations which developed under Alley's leadership? Third, to what extent did those values become an "operative theology" for the Division of Public Health as they became part of the Division's identity, through practice and training?

1. Alley's personal religious values. I am left with the impression from our interviewees that, especially in his earlier years with the Division, Alley talked in very unintrusive terms about his own religious beliefs. We repeatedly heard that "he didn't preach, didn't talk about it;" yet his family and colleagues clearly identified the cornerstone of his theology as Jesus' words in Matthew: "When I was hungry you fed me, naked and you clothed me, thirsty and you gave me drink. When you do it to the least of these, you do it to me." Concern for the poor was Alley's religious priority (Alley).

Alley's immediate concern was service to the poor, but his method was identified by "justice" concerns. We have already seen the intermediate steps between charity and justice in his emphasis on training poor villagers to provide medical care for themselves and in helping poor persons become aware of their alternatives. Yet at the public health department he "taught about distributive justice

from a religious base." (Floyd)

His theology of poverty became the primary criterion for his ecclesiology. Caring for the poor, not respecting church structures, remained his primary goal. In establishing his "Board of Health," it seems, few Methodists were "elected" or "appointed" to the Board. His son recalls his father's explicit teaching about the "catholicity" of the Christian religion, when I asked, "What do you think he meant by liberation theology?"

"Inclusive, everybody. See the Catholic Church has always, let's face it, I mean they've been around so damn long that if the Methodist Church had been around so damn long that we're going to have all of this dogma. And they're affiliated with wealth and with power and with governments. I mean that's the big reason we're here in the United States
is that the Church oppressed people. And you know that's one of the reasons Martin Luther left. You know he life and stuck it to the door, what was his 97 complaints. . . . I was really bad-mouthing the Catholic Church on day and he said, "It's too damn bad, you're being . . . . awfully masochistic because you a damn Catholic." And I said, "Hell, no, I'm not a Catholic, I'm a Methodist." He said, "Well, let's see, we had the Methodist and then before that we had the Lutherans, and before that we had the Catholics, and before that we had the Jews, so hey, that's your heritage, man. So you're putting down your own theology." I mean, it runs that way, so you better know where your roots came from."

Though he claimed Christian tradition as his own and participated in a local United Methodist congregation, Alley was highly critical of the church, particularly of the United Methodist Church in Georgia: "They're in the power structure here. They've forgotten Matthew. I mean, this church, it;s the pharisee and the tax collector. And a lot of people here are the pharisees, you know, "Lord, I've done this, I've done that, but I've forgotten about my brother." And then on the other hand you've got the tax collector who everybody just hates, but yet he's the one that's doing things, and that's what our society's all about. Our society's into image. It's into," Hey, look what I've done," I mean, we want, it's really weird, it's I've been saved, man. It's like I live for this certification and when I get to the gates, I'm going to give this to this person who's going to let me in because I tithe, I went to church every Sunday. But people, they haven;t integrated their religion with who they are of their spirituality. We as a society have forgotten all our roots, where we've really come from. . . . He was trying to make people aware of, let's don't get too comfortable. That's what we are. I mean, we;re a neurotic society. We're constantly trying to deaden our pain, numb ourselves with toys. And there's nothing wrong with that, but I mean, we've got to constantly realize that we're part of a whole. We're all interconnected. And I think that was his big vision, that we all, everybody. It's ecology, it's the whole thing. You're part of a whole and I think his thing was he was a disturber. . . .He was a fly in the ointment. I'm going to, I want some friction. You've got to have some friction, so that's what he did. So I think that was his strength, while his other weakness was administration." (Alley)

This theology of poverty and philosophy of public health were natural allies, we were told, because the "orientation of public health and the church" are almost the same: "corporeal works of mercy" (Miner). In fact, we seemed to find an exceptionally large number of people in the Division of public health who presently held strong religious beliefs or had considered becoming ordained ministers but had left the church, particularly over ethical matters (such as the local congregation's maintaining racism attitudes.) I do not know whether that generalization holds true for public health in general or only those public health practitioners who Alley gathered around him. However, the exercise of these explicitly religious values within the program of the Division was unique, especially for the period in which it occurred.

2. <u>Initiatives on the part of the Division of Public Health toward local congregations in Georgia.</u> In Bolivia, Alley learned and taught that health was not only a medical issue but also a socioeconomic and spiritual one. Statistically, rural Georgia has health rates of (such as that of infant mortality) which are similar to Third World countries; the Division of Public Health readily acknowledges that the severe health problems in Georgia result from a full range of economic, spiritual and community issues. Alley came to Georgia expecting to find "Third World" conditions, yet he found a significant difference: the absence of spirituality in Georgians in contrast to the Bolivians with whom he had worked. He learned that he could accomplish far more with fewer resources in Bolivia and

attributed that possibility to the spirituality of the Bolivian people. In addition, he was disappointed with the church in Georgia and discovered that churches were far more cautious than he in their efforts to "feed the hungry and clothe the naked." Even so, he persisted in the belief that churches could be effective vehicles for the promotion of health care, especially in poor, rural areas of Georgia. He initiated several remarkable events through which he collaborated, sometimes quite successfully, with local congregations. (Dates and places in what follows may not be accurate as reports are contradictory, but the general outline of events seems correct.)

1976: Alley contacted Naomi Chamberlain, under whom he had been trained as a medical missionary, and together they developed a project in Albany, Georgia, called Communiversity. They used the fellowship hall and classrooms in inner-city black churches to bring those persons together to work on self-esteem development and the recognition that "my professing to know the Lord also made me a mush greater candidate to be able to better my health conditions once I understand the connection between the two. That project continued over a period of two years . Out of it a video entitled the "Gospel of Health" was made and sent to other local churches. That video showed a program reflecting singing and skits organized around self-esteem building and a sermon in which the pastor preached specifically on issues such as sexuality, pregnancy, family desertion, etc.

1980: Alley hired an African-American staff person, Don Speaks, to develop liaisons with local churches.

1981: Speaks and Annie Barnes developed a small conference of African-American clergy to discuss teen pregnancy and infant mortality. "We held that conference our at Ramada Six Flags and we met for two days, and really there was some very intense dialogues about how can, and most black theology is very conservative, how can a black Baptist church embrace the notion of trying to prevent teenage pregnancy when it's theological stance is, "Thou shalt not sin." So we spent two days out there talking about how do you do that. And really the decision that came out of that was, well, we couldn't expect the pastors to do it. But what the pastors did agree to was that they would allow health professionals to come in to workshop sessions that would be hold during the week in the church to provide information about human reproduction and how to avoid contracting STDs and all this other stuff and also how do you prevent getting pregnant, as long as we in the health system allowed the dialogue to end with, I guess you call is a sermonette, where after having heard this didactic kind of presentation, now, was a Christian, philosophically, this should be our position. So that's the way we helped them cover their concerns and also allowed us to get our concerns stressed." The group was mainly black Baptist with some AME pastors.

Concerns developed that most networking was occurring within the black community, exclusive of the white. Kathy Miner was hired at this time to work as a community consultant.

1983: Norman Park Conference (deep southwest Georgia). 175 public health employees and 400 plus black pastors and several white pastors met for two and a half days. In the dorms public health and clergy and black and white were intentionally mixed in the dorms. It was some people's first integrated experience. Relationships developed among clergy and public health people in various regions of the state.

1984: Don Newby, Don Lighter, and Don Speaks, through the Georgia Christian Council and the Christian Council of Metro Atlanta, tried to bring together the ecumenical religious community across racial lines from all across Georgia to talk about the services the church could provide and to help people learn the state system. Over three days 1800 religious community leaders and 600 Department of Human Resources met. The meeting became bigger than the Division of Public Health because Gov. Joe Frank Harris and Commissioner Ledbetter thought it was a good idea. Black and white churches started talking, but the churches felt that DHR wanted to show what it was doing without hearing from the churches what their concerns were. Some relationships were built that are still continuing.

Thereafter, people in DHR began to raise "church/state" issues and influenced some key people. "I believe that people really saw that we had momentum building, and I think the biggest fear was that people in communities were going to go back and really start asking questions about why they didn't see services being delivered that they heard in the meeting." (Speaks)

Also, some well-placed people are agnostic or atheist and were afraid religion would gain some credibility. "There are people out there who are just as rabid against religion as they are against black or against white. . . .Over time I just saw it take the energy out of the thing." (Speaks)

1988: the Division worked through the Morehouse School of Medicine and worked in 35 counties around the state where we knew of ongoing relationships. "What we built was local health department, local church. And we developed community coalitions. What we trained those people was how the local human service system works, who's responsible for what, how the political system works, how do you get issues addressed in your community when you see issues, how do you organize, Robert's Rules of Order. We helped them incorporate. We how have 35 little community organizations." (Speaks)

Another trajectory: 1982-present, the Division has worked with the Southern Governors Association "Hold Out the Lifeline" project on infant mortality. According to Virginia Floyd, who staffed the project for the Division, the project began as a top-down project until, after several years of working, the project realized it needed to work in the community. Now a pilot is operative in Augusta, Georgia, with intentional involvement of the churches. In the course of this project, Floyd reports learning about working with congregations: learning to use inclusive rhetoric, e.g., churches and synagogues; learning to make an appeal to the churches' common denominator, e.g. making the world a better place for children to be born and for mothers to bring healthy children into the world; changing the definition of church leaders, e.g., not only the pastor but Mrs. Jones who heads the Ladies Auxiliary without whom nothing gets done; learning to use church influence, as people who attend churches really believe in them; teaching the health departments and the corporate sector that just because the church is in the business of religion, they can't volunteer to do everything; ("If you want to run the church van on Wednesday, no van I know of run without gas, even if the Lord is at the wheel" (Floyd); learning to respect what churches are, not to restrain them to a narrow image of spirituality. The Southern Governors Project seems to be the major emphasis of the Division in working with churches at present.

Why did this emphasis develop? "I think frankly part of the reason was Alley's natural bent towards being a Methodist minister." (Miner) Did it improve health in Georgia? According to his son, one of Alley's great disappointments was his inability to substantially change the infant mortality rate throughout the state of Georgia. Only one district, Waycross, the district with the outlying clinics modeled after the Bolivian mission and headed by another missionary to Bolivia, Ted Holloway, achieved the desired reduction. Full evaluation is beyond my present knowledge, but perhaps one of the greatest effects was a reduction of racism in Georgia, not normally charted as a health issue but, in the Alley model, directly related.

3. Inculcating values through education in the Division of Public Health. Probably one of the most poignant stories of the changes in the Division of Public Health due to Alley's leadership came from Virginia Floyd, director of Maternal and Child Health:

"When Atlanta and Los Angeles erupted, a bunch of us were sitting around saying, what's wrong here? What's wrong is that if Jim Ally had been alive, we'd have had a meeting about that as soon as we hit the door. What does it mean to us? What role, do we have any role in it at all? You just can;t do public health in Atlanta and ignore the fact that they just turned over police cars and looted and burned and broke our Macy's windows. They're not separable. We missed that. We literally missed that. And so we kind of said, "Well, we'll just have to have it without him. But it's different when it comes from a group getting together than when it comes from the person at the top. . . ."

Alley was noted for his informal educational efforts, in mentoring, raising significant questions, and always raising issues of race and gender in regard to policies and decisions. However, his education efforts extended beyond the informal. In an early effort (1983), he invited Mark Sciegaj to address the health directors on the issue, "Public Health as Social Justice," an address which is remembered by one health director as a turning point in his reconception of public health. In 1989 he hired Sciegaj as ethicist for the Division and asked him to develop regular seminars about issues facing the division, e.g., abortion, migrant workers, etc. Floyd reports her own resistance to the ethics seminars, "being dragged to them kicking and screaming," but later being glad she attended. "I think

Georgia under Jim Alley's leadership is unique. . . .Public health is actually talking to the churches. that we're willing to actually give training time to public health employees to talk about ethical issues, to talk about spirituality, to talk about the role of the church in the public health arena, to talk about the issue of distributive justice. I've been in a lot of arenas and that just doesn't happen naturally. And it didn't naturally happen here. It took a lot of effort on Jim Alley's part to make this happen. And we went out on a lot of limbs to make this happen. So just start spending state dollars to train Ginger Floyd to talk to Mark Sciegaj about whether abortion should be discussed. . . Jim Alley had a lot of things that you could or could not do, but not participating in this workshop was not one of them. I mean, it was by his directive, by his personal convictions that this was so important.

Part of Floyd's resistance was expressed as, "Come on Alley, I don't want to go to church with you on Tuesday." "What does Job have to do with infant mortality?" In fact, others thought that, particularly after his first heart attack, Alley forced religious education on his employees, at least once bringing a seminary student to do a Bible study with his staff. Even with some dissention over his methods, Alley's values of racial equality and care for the poorest Georgians seem to be a cornerstone of the Division.

Public Health and the Church: Partners in Healing?

When I wrote my original proposal for the Lilly project relating congregations and county health departments, I assumed that poor people would continue to have religious services within health care institutions. After all, hasn't the entrance of chaplains into public institutions been one of the foremost gains of the twentieth century pastoral care movement? My own analysis was short-sighted. Jim Alley died in November, 1990; in September, 1991, the state of Georgia, under the new governor, Zell Miller, underwent dramatic budget cuts. In the first round of these cuts, roughly 70 of 75 chaplains on the state payroll lost their jobs; in the second round, Mark Sciegaj was eliminated as ethicist for the Division of Public Health. The state seems to assume that local churches can fill in the gaps left by the exit of chaplains (and the seminary students they supervised) from public institutions. Many speculative reasons were given for this change: the churches hadn't supported the governor's lottery effort; the chaplains were politically unorganized and expendable; the government knows little of what the church really does ("How many sermons can they preach, anyway?") In such a political climate the an all-important question remains: when local churches collaborate with public systems, to what extent are the resources of both enhanced, and people in need served? and to what extent do we simply give the government further reason to eliminate services to the citizens it supposedly serves? What safeguards against exploitation by government might a service-oriented liberation theology such as Alley's provide? What lessons from Bolivia can be translated into teachings for those working in Georgia's Third World? These questions I place before the Institute workshop.

Based on interviews with Curtis Alley, Jim Crutcher, Richard Cunningham, Ginger Floyd, Frank Hauser, Ted Holloway, Kathy Miner, John B. O'Neill, Frank Rumpf, Don Speaks, Joe Wilbur