Greeting

The Aroles of the Comprehensive Rural Health Project (CRHP), Jamkhed, India, send warmest wishes for the 50th anniversary of the Tubingen I Conference. We are honored to be one of the programs that benefited from the ideas that came from the Tubingen conferences and the Christian Medical Commission. CRHP continues the legacy – how to follow Jesus’ model of ministry of health, healing and wholeness, especially for the poor and marginalized, women and children – through building the capacity of communities for the transformation of individuals and communities, improving the lives of everyone.

Article

In the early 1960s, Rajanikant and Mabelle Arole were young doctors working in a mission hospital in rural Maharashtra, doing clinical work and outreach visits to villages. They had met at Vellore Christian Medical College, and their wedding vows included their commitment to the rural poor of India. Their work was exciting as they were able to use their clinical skills to cure diseases, deliver babies, and provide love to poor and marginalized.

They soon realized that they were serving only a relatively few people – those who could get to them – and not having much impact on the health of communities, especially poor and marginalized, women and children – the people God called them to serve. They were treating diseases but not the causes. What about addressing underlying causes of communicable diseases and what about the pregnant women they did not see?

In the early 1960s, the Western medical model was being promoted throughout the world by governments, NGOs, academicians, churches. Hospital-based care, even with outreach to villages, was too expensive and not effective enough. As with the inspiration for having the Tubingen conference in 1964, the Aroles were also struggling with similar issues – how to better serve the health of the poor – especially from their Christian commitment to health, healing and wholeness.

They attended Johns Hopkins School of Public Health, where they were exposed to much of the information from the Tubingen conferences and the nascent Christian Medical Commission (CMC). They also met Dr. Carl Taylor, who was the Aroles’ faculty advisor at Johns Hopkins School of Public Health, during which time the Aroles developed their ideas for working with communities. Dr. Taylor became their mentor and lifelong friend.

As a result of Tubingen I & II, CMC was established in 1968. Dr. Carl Taylor was a member of the first Commission (advisory group), and Dr. Mabelle Arole was a member of a later group.
The Comprehensive Rural Health Project (CRHP) was started in Jamkhed in 1970. In 1972, Dr. Raj Arole was invited to the annual meeting of CMC to share his experience.

CMC started publishing Contact as a way of sharing new ideas and experiences especially related to primary health care. This “occasional paper” was sent free to church mission agencies, ministries of health, medical and public health schools, Christian and other NGOs. Many people throughout the world, including World Health Organization (WHO), learned about primary health care through this medium. CRHP is a chapter in the book, Health by the People, edited by Kenneth Newell, 1974. A few years later, CRHP’s model and the vision of the Aroles was a driving force at the Alma Ata Conference, which resulted in the influential Alma Ata Declaration.

Gaining much international visibility, CRHP has been recognized by the Government of India numerous times. The Aroles have been on many state and national government committees, most recently the National Rural Health Mission (NRHM).

The WHO and Ministries of Health have sent professors and professionals to Jamkhed to learn more about the Jamkhed Model. CRHP’s approach has always been to engage the community, building the capacity of the people to identify and address their own problems and addressing the underlying social, economic, political and environmental determinants of health.

Over the years CRHP has continued to be a pioneer in the development of the principles and practice of comprehensive, community-based primary health care and development, focusing on the needs of the poor and marginalized, women and children. As infectious diseases were brought under control, other priorities emerged: non-communicable diseases, such as hypertension, diabetes, cancers, and heart disease, and mental health.

More than 20 years ago, CRHP started the Jamkhed International Institute for Training and Research in Community Health and Development to formalize the learning experiences for people who were passionate about health for all: church organizations, NGOs, governments workers, students, health professionals, policy makers, and more. Students visit Jamkhed from throughout India and the world. To date, more than 30,000 persons have learned through the Jamkhed Institute.