

July 28, 2006

Hello Friends!

This letter began because I received a simple e-mail from our new nurse in Zimbabwe where he shared his excitement about life, learning, and successes at the Community Center. I was originally intending to pass on one little line from that email to the Ancient Ways Board of Directors, and then I realized that I just had to keep writing with more clarifications, until I emptied my brain on paper. At that point, my editor encouraged me to send it to all of you, since you too may want to see the big picture.

Many of you have followed the Field Reports since the beginning and have been there with me, hearing all of the struggles, slogging through the molasses at times, and intimately feeling this real-life drama in disbelief via our story. This letter serves to be a pin-pointed laser to pull all of those various disconnected experiences, hopes and dreams into a solidified, navigational approach that makes sense!

This is only some of my initial efforts to organize my thoughts on paper and albeit, casual as it is, it helps me immensely to talk to you in this way. There are plenty of official documents I need to write where I can't be so casual - so thank you for the freedom to be myself here. Some of you are more keenly interested in Zimbabwe's health than others, but I wanted to give you the latest update, as health and healing is taking a front row seat. The well-being of the people in all aspects of life is of paramount importance because if they aren't alive, we really can not be of any assistance. Absolutely everything we are doing, and have been doing, is related to our Health and Well-Being Program in some way. Please, if you have any ideas, feel free to contact me! Thanks.

OUR NEW NURSE

I have been talking with Fred, our new nurse in Mhondoro, and he is very excited about the new program that we are developing. He is the key component I was waiting for - remember when we sent all those mind-bending "new physics" and other sorts of healing books for the library last year, just praying someone would care to read them, and then he showed up as if on queue? His emails demonstrate an intense interest and comprehension (from his own personal self-actualization path) of alternative medicine. This includes NMT and other intentional, energetic, and holistic options, so I am hopeful that he will be able to encompass such training once he first gets grounded in the community there. "Thinking about it, and doing it" are 2 different things. He has been prepared to work in the world, in conventional medicine and seems to have a really great grasp of the drugs used there and how to treat things. We are really proud of him.

Fred is proving himself as dependable and committed, but such training as NMT would require a sizeable financial commitment and I want to really make sure we don't "do ourselves down", as my nanga friend and teacher Sekuru Chihota says, by assisting someone not fully on board with the Ancient Ways mission. Because Joshua was a traditional healer, I have always felt that we must not only provide

medical care, but also in such a way that he respected and understood. That is part of why we emphasize the alternative piece, not just my because of my bent. Mum on the other hand, has always had the heart for the *crèche* or preschool, emphasizing the educational piece and nutrition for children. With all of this influence, as well as my own background, its no wonder that we are not implementing a linear (A plus B always equals C) limited-focused medical program. Cosmas also brings his appreciation for natural and ancient ways into the picture and an emphasis on empowerment. Fradreck Mujuru, who is co-directing the Jangano project with Fungai Mujuru in the Dambatsoko area, is also very articulate as he shares his views about empowerment, nature, and healing. All of these directors feel an incredible desire to help alleviate the suffering. Fred has added into this team and framework like he was cut from the same cloth.

Janis Weeks was there last month with her husband and was able to meet Fred as well as visit with people in the area (local practitioners and residents). She was impressed with Fred (he may be referring to himself now as Fredreck since he is officially coming into his adulthood as a nurse, graduating from Freddie to Fred and now Fredreck). Janis and Bill made a donation to the functioning of the health program there at Nhimbe. She is a professor at U of O and has a particular focused interest in Africa and the maladies that concern those people. I was very grateful to hear of her donation and support for our program. The Nhimbe for Progress model is the research and development station for all of Zimbabwe (at a minimum) and so I am very motivated to understand her point of view as an educator. We have a humanitarian crisis on our hands and now is the time to really focus in with microscopic attention as well as with the broad lens to see how this all knits together.

MULTIWAVE OSCILLATOR

Fred is really pleased to be using the new molecular enhancer machine (the multiwave oscillator that my godfather, John, uses). We set it up with the solar power unit. While I was there Fred's mother was one of the first to use it. She had some problem that I never got the exact definition on, but it sounded like an extended vein that was causing her trouble. After working with the machine for a very short time the vein quit causing her discomfort and problems.

This little excerpt following is from the last email he sent in the section about the Health Station:

Work has been flowing since you left, all is well for now. The molecular enhancer has been a miracle-- a lady had a lump in the abdomen, after a week session on the machine the lump was gone. It's been a great experience.

The machine was purchased to provide some ongoing relief in a situation where no medicines are available, as well as providing a way for Fred to get started implementing a program of his own, show what he is made of regarding managing cases, and to think out of the box. He was great at teaching each person who came in how to use it and how it works.

RURAL CLINIC STATUS

Fred also was able to give me the great news on the phone this a.m. that he graduated officially as of Wednesday as the results of his exams were posted! He is a

full fledged nurse in Zimbabwe! He and Cosmas have been jumping through the hoops and finding out what to do to register our clinic. It looks like the soonest is September. Cosmas will be here in the states at that time (he is leaving mid-August), but they are working on the paper work together and fully expect Fred to get the rural clinic status by dealing with the hard parts of the paperwork ahead of time. This means that he can do the conventional medical route (like penicillin) when needed! Also he will be able to purchase ARV's (anti-retro viral) for an HIV employee and any other people who are under the care of a physician. I think we can save them alot of money in their monthly ARV purchase, but they still have to go to town to be reviewed/tested by the physician, since the use of the ARV's in the continually changing market is complicated as well as the individuals make-up and lifestyle choices affecting the outcome.

As some of you know, I'm not really super excited about ARV's in general as I feel like lifestyle changes and education have proven to shift the disease state in many many cases. But, I am supportive if someone has chosen that route: I want to support that choice and save them bucks for sure. Remember the HIV+ teachers at The Center who came out and gave those workshops in 2004 and are still alive after many many years - they are dedicated to using every possible technique for health and well-being.

For instance with our staff member, I don't want to fund the buying of ARVs for her, but we raised her wages to help her so that she could make that choice if that was what she wanted. I have my opinion about many things, but people are free to choose for themselves what course of treatment they prefer, or combination of both. I hope my thinking on this makes sense to others and you understand the principle between the two ways of looking at it.

SODIS WATER STERILIZATION

Another exciting development is that they finally found out how much it will cost to begin the SODIS program. If you recall, this is the program from the Netherlands organization who has implemented a water sanitation program in many countries around the world. It uses a PET bottle (polyethylene t....) which is the same as a plastic Coke bottle. We are working with Schweppes (part of the Coke company) and it just so happens they said they have some hideous number like 80,000 bottles which don't quite meet the standards of Coke so they were going to dispose of them, and so they will sell to us. They will make some money and we can provide our villagers with a sterilization option since only 10% +- of our people have a pure well. Obviously this could be used all over Zimbabwe, and after Nhimbe, Jangano is the obvious next place, then where...? See www.sodis.ch It explains how laying a bottle with water in it on a reflective surface will sanitize the water after a certain number of hours in the sun under most circumstances (not highly polluted water or for a very ill person - that still requires boiling).

So the bottles aren't too expensive, .8-9 US cents each for a 2 liter unused, with caps (currently the street x-chg rate is around 500,000). I would like to see two - 2 liter bottles per each family member so that while one is being purified the other is sanitizing, but I realize that most people aren't really up on their water intake

requirements and that is another whole educational need.

Fred has his hands full. But he loves the educational piece and is very into that, as the neediness of everyone coming wanting tablets is overwhelming - way too much emphasis on the drug-god, just like in this country. You can't really imagine until you put yourself in that role to provide assistance - way too much power being transferred to someone else.

The SODIS program comes with a 1/2" thick pamphlet (I printed one for Fred) so he will be the expert. I told him to just start simple with maybe 5 families, and then increase to whatever is comfortable, since education is a key point. For instance, teaching about not re-contaminating the water! Curt and Cathy Bradner from Eugene are working with Burmese refugees and are the ones who told us about this program, although their emphasis is the water filter project that I mentioned to you before. I took their plan for building water filters CD over and shared it in April and found that our people aren't ready for the level of detail required to implement the program. Too much chaos in the country and lack of ability to manage the additional pressures of the spiraling economic wheel. So then Curt and Cathy shared SODIS with me, and I'm feeling that this is an easier place to start for Zimbabwe.

E-MAIL IN THE VILLAGE

Also, might as well mention that we are communicating with a group (non-profit type) that is implementing an email system in Zambia for clinics there. We meet all of their qualifications since we are stable and have been operating on the ground for quite a while. It works by using a radio antenna, some software that is installed in a laptop (laptop for reduced electrical needs) and a radio (we'd need to purchase - like a CB or Ham). This hardware and software comes together and is capable of sending email. It does require a high-speed base station which the fellow said there is one in Lusaka (Zambia) that would serve Zimbabwe, but that it was almost full in its servicing ability, so they might need to put in another one.

The cost was estimated at around \$5,000 USD assuming we had the computer/solar unit, and they were installing the extra base station (\$25,000). Anyway, it sounds like a low cost and low-profile way to get some communication going between the village nurse and others (local and abroad), be it with: 1) myself for authorization on supply purchase/advice, or 2) a retired physician in Eugene who has a non-profit and wants to help us, or re-direct to tropical medical specialists he knows, or 3) Janis' University students needing a village exchange opportunity, or 4) whatever other needs exist. This is very exciting if something can come together soon as daily communication could be a mind-blowing expansion for our folks there. Just in terms of the project management - the communication piece is always where things fall out of normalcy and the expectation of an infrastructure has to dissolve repeatedly. (On the phone the other day it was if I was talking overseas in the 40's or something and wondered if Morse code might not be easier). At this point, I know of no other low-profile, small investment way, of getting communications happening.

FORMULATING A CLEARER PICTURE

The last 4 months since being there in April, May, June, when I was slammed

against the reality wall with the scabies and flu epidemics, has been a process of understanding my purpose on the planet and how it fits with the enormous needs in Zimbabwe. Many opportunities have presented themselves:

- Special conversations with Molly and Dana, the videotographers who completed the Overview documentary.
- An opportunity to teach the students at Janis' U of O Infectious Disease class.
- Meeting Fred, nurturing his growth in facing the dilemma of responding to the black-hole of victim mentality and regular outages of every kind of supply imaginable, complimented by his wholesome desire to be a fruitful and productive member of his rural community.
- Trying out the molecular enhancer (multi-wave oscillator) with great success giving Fred a new tool.
- Meeting Fred's younger brother Tatenda, who has developed a program called Machapro for the "boy child" focusing on male chastity and female equality educating by using art, music and play - brilliant young man and ahead of his time.
- Meeting with Tatenda and Fred's aunt, Anne, in Harare in May (see that trip's field report) since she was visiting from the UK, reconnecting after our introduction in October in London, and exploring her passion to return to her rural home and provide assistance to the children, with a special focus for the forgotten girl child.
- Nhimbe staff's realization of the need to start our own primary school to continue the preschool standards of excellence for our children.
- Spending some real inspirational time with the Oklahoma teachers discussing a practical way to integrate *Health Consciousness Immersion* into the preschool and primary school curriculum for all grades.
- Losing my much loved friend and brother-in-law Dickson Sikelela suddenly with little diagnostic information of any relevance so there is another statistic in the continuing plight for survival there. (My instinct about this is that as an electrical mechanic he was always dealing with changing battery acid, and other noxious fumes - it was an excruciating pain in his lungs). He was a generous and kind-hearted man always ready to help anyone.

SUMMARY

All of this has pushed my envelope into another dimension of crystallization regarding the entire vision piece of what Ancient Ways is doing in Zimbabwe and how all the puzzle fits together. It's taken 7 years (and 10 or so trips) to figure out how all of our original pieces fit together, and now it has all of a sudden come into focus because people there are coming out of the woodwork. All of the energy we've been feeding this since the beginning is finally taking form in the fruition of 4 directions (as I see it now - thank you for always giving me space for my evolving process!):

HEALTH AND WELL BEING in ZIMBABWE

A. HEALING

1. Conventional Medicine (supplies, nurse, visiting physician program, communication w/local clinics and abroad, Village Health Worker)
2. Alternative Medicine (CAM - complimentary alternative medicine, traditional medicine with herbs, visiting practitioner program, communication again)
3. Counseling (e.g. group therapy, alcohol abuse, family counseling, HIV/AIDS support groups, domestic & child abuse, visiting practitioner program, communication again)

B. HEALTH EDUCATION (all ages)

11. Nurse-to-patient education
12. Public health workshops to villagers (the 7 point program we've been offering)
13. HIV/AIDS workshops to villagers and children
14. Academics (*Health Consciousness Immersion* for preschool, primary, secondary curriculums) including the integrated library, tutoring and physical education equipment
15. Children's Extra-curricular Development for boy child (Machapro) and girl child (Eagle Vision?)
16. Sporting activities facilitated by a health club for adults (not just after school for kids)
17. Permaculture as life training
18. Family planning (traditionally they are not particularly interested in this, so its a stretch)
19. Pre-natal education (particularly prevention of newborn HIV through drug intervention but also wellness and health consciousness initiation)

C. FACILITIES IMPROVEMENT (for sub-standard living conditions)

20. Toilets - approved rural pit-style Blair toilet - 90% villagers need them
21. Wells - providing pure water in quantity with potential irrigation options - 90% need them
22. Stoves - smokeless fuel-efficient "rocket" stoves
23. Huts - repairing cracked huts or replacing those destroyed by inclement weather

24. Bridges over troubled waters - building for bilharzias prevention

D. SUSTAINABILITY (for the long term)

25. Soap making

26. Growing and selling organic produce

27. Growing, packaging, selling, herbs for healing (specialty export?)

28. Growing, drying, packing, selling mushrooms for protein source

29. Fruit drying (specialty export?)

30. Solar energy industry (specialty export?)

31. Manufacturing alternative water solutions for irrigation

32. Providing soil tilling to local farmers

33. Water filters production?

34. Craft sales in a store front locally as well as export

35. Entrepreneurial skill training and micro-loans for start up cash

Some of you relate to this outline, or your part of it. Some may think the outline needs re-working. It is an attempt to communicate and I appreciate your feedback. We need to really clarify what we are doing there...legions of angels and the philanthropists are waiting for us to figure this out. Do write or call (541-258-8710) with questions about what I mean by some of this. Dialogue is a good start. Everyone has their expertise and I am only hoping we can sort this out very soon because time is of the essence - now is the time - yesterday is the time.

Thanks much for your prayers, your love of these people, and your focused attention.

Blessings,

Jaijen